P99000092885

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

600002930886--4 -09/20/39--01071--007 ******70.00 ******70.00

SUBJECT: Lal	day Funit (Proposed co	two Jactor orporate name - must includ	y Outre Ssuffix)	<u>L</u>	În.	<u>.</u> .
Enclosed is an original a	and one(1) copy of the articles	s of incorporation and a	check for :			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate	у		
		ADDITIONAL CO	PY REQUIRED	,		
FROM:	TAMMY MCC. Name (Pr	rinted or typed)		•		-
2	3541- A FOR	<u>REST BRANC</u> Address	h drive			
<u></u>	Fort Orange	Flori da State & Zip	32/19		•	
_	904- 320- Daytime T	8940 elephone number		TALLAST STUDE	99 001	
		v :		TAKY OF STATE ASSEE, FLORIDA	T 18 PM 2:49	FILED

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 22, 1999

TAMMY MCCULLOUGH 3541-A FOREST BRANCH DR PORT ORANGE, FL 32119

SUBJECT: HOLIDAY FURNITURE FACTORY OUTLET, INC.

Ref. Number: W99000021844

We have received your document for HOLIDAY FURNITURE FACTORY OUTLET, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch Document Specialist

Letter Number: 599A00046413

FILED

99 OCT 18 PM 2: 49

SECHE LANY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME
The name of the corporation shall be: Holiday Furniture FACTORY Outlet INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
3541-A FOREST BRANCH Drive
Port Orange, Florida 32119
ADVICT E III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ONE Thousand
AND CORPER AND CORPER ADDRESS
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are: Tammy mcCullough
The name and Florida street address of the initial registered agent are: Tammy McCullough 3541-A ForeST BRACK Drive Port Orange Florida ARTICLE V INCORPORATOR The name and Florida street address of the incorporation are:
Q I Amore Elocida
Port Crario
ARTICLE V INCORPORATOR 32/19
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Jammy McCallough
The name and address of the incorporator to these Articles of Incorporation acc. TAMMY MCCUllough 3541-14 FOREST BRANCH Drive
Port Orange, FLorida 30/19
301/9
James MC Juloude September 16, 1999
ammy Mate
Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

	Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this
	the appointment as registered agent and agree to act in this capacity. I juriner agree to comply with the
	provisions of all statutes relating to the proper and complete performance of my dufies, and I am familiar with and accept the
	provisions of all statutes relating to the proper and complete performance of my analysis
	pbligations of my position as registered agent
_	6 1 MM. May 10 1998
7	anny micullouge Signeria
	Signature/Registered Agent Date