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TRANSMITTAL LETTER

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Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	•	100	-12/09/99010	41 - 87-0 ****7	2 02 0.00
SUBJECT: PLAT	FORM BEDS	TAID			
	(Proposed corporate name]66	
Enclosed is an original and			AHASSEE, FELSTO n and a checksto	DEC -9 AM S	
\$70.00 Filing Fee	© \$78.75 Filing Fee & Certificate	□ \$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Cop & Certificate	3	
		ADDITIONAL CO	PY REQUIRED		
FROM:	ERMA L. O Name (Printed	LENICK			at at tage
	0975 49 Addres	5t. N.	the state of the s	: Îzasa	
PI	NEILAS PAR City, State 8	<u>k</u> 41. 3	3762		-
72	7- 561-0750 Daytime Telepho	727 - 434 ne number	1-7584		-

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

ARTICLES OF INCORPORATION

1 Interest of involution
1. The name of the corporation shall be: PLATFORM BEDS ING
2. The principal place of business and mailing address of the corporation is: 10975 49 5+ N. PINELIAS PARK 71. 337626
3. The corporation shall have the authority to issue 500 shares of stock.
4. The registered agent of the corporation is <u>ERMA L. OLENICK</u> and the registered street address is <u>10975</u> 49 5+. N. PINEIIAS PARK Florida 33762.
5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es)
is/are as follows: PAUL D. OLENICK 5490 101 AVE N. PINEILAS PARK ERMA L. OLENICK 5490 101 AVE N. PINEILAS PARK EL 33.782
The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.
6. The incorporator of this corporation is <u>ERMAL.OLENTICL</u> whose street address is <u>5490 101 AVE N. PINEIIAS PARK 71 33782</u>
Dated /2/8/99
Frma L Olinick Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated 12/8 199

Erma L. Olenick Registered Agent