# Division of Corporation Of Corporati

# Florida Department of State

Division of Corporations

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hivision of Corporations

Fax Number : (85/)205-0381

Account Name

: PAS T CORP. AGENTS, INC.

Account Number : 071:01002335

: (30%)599-0839

Fax Number

: (30%)716-0346

# FLORIDA PROFIT CORPORATION OR P.A.

alfredo custom FURBITURE, INC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03      |
| Listimated Charge     | \$78.75 |

# ARTICLES OF INCORPORATION OF

# ALFREDO CUSTOM FURNITURE, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) Competent to contract, hereby form a corporation under the laws of State of Florida.

#### ARTICLE I-CORPORATE NAME

The name of the corporation is: ALFREDO CUSTOM FURNITURE, INC.

#### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

#### ARTICLE III-PURPOSE

The corporation is organized for the purpose of engaging in any activities permitted under the laws of the United States and the State of Florida.

#### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One hundred shares (100) of five. Dollar (s) (\$5.00) par value common stock, which shall be designated "Common Shares".

### ARTICLE V-INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and name of the at office is:

| NAME    | CAROLINA MARINO  |       |    |           |
|---------|------------------|-------|----|-----------|
| ADDRESS | 6421 NE 2 ND AVE |       |    | . <u></u> |
| CITY    | MIAMI            | STATE | FL | ZIP 33138 |

The principal office, if known or the mailing address of the corporation is:

| NAME    | CAROLINA MA  | ARINO |    |           |
|---------|--------------|-------|----|-----------|
| ADDRESS | 6421 NE 2 ND | AVE   |    |           |
| CITY    | MIAMI        | STATE | FL | ZIP 33138 |

#### ARTICLE VI-INITIAL BOARD OF DIRECTORS

This corporation shall have <u>ONE</u> (1) director initially. The number of directors may be either increased or diminished from time to time by laws, but shall never be less than one (1).

The name and addresses of the initial director (s) of the corporation are as followers:

#### но1000089788 3

| NAME    | CAR  | LINA  | M  | ARINO |       |         |     |                                       |
|---------|------|-------|----|-------|-------|---------|-----|---------------------------------------|
| ADDRESS | 1001 | WEST  | 53 | STREE | Γ     |         | 4   | · <u>va</u> ·                         |
| CITY    | HIAL | EAH   |    |       | STATE | FLORIDA | ZIP | 33012                                 |
| NAME    |      | ·<br> |    |       | -     |         |     | · · · · · · · · · · · · · · · · · · · |
| ADDRESS |      |       |    |       |       |         |     | · · · · · · · · · · · · · · · · · · · |
| CITY    | ·    |       |    |       |       |         |     | <del></del>                           |
| NAME    |      |       |    |       |       |         |     | . 4                                   |
| ADDRESS |      |       |    |       |       |         |     |                                       |
| CITY    |      |       |    |       |       |         |     |                                       |
| NAME    |      |       |    |       |       |         |     |                                       |
| ADDRESS |      |       |    |       |       | _       |     |                                       |
| CITY    |      | -     |    |       |       |         |     |                                       |

#### ARTICLE VII-INCORPORATORS

The name and addresses of the incorporators signing theses Articles of Incorporation are as follows:

| NAME    | CARC | LINA | MARINO    |       |         |  |  |       |
|---------|------|------|-----------|-------|---------|--|--|-------|
| ADDRESS |      |      | 53 STREET |       |         |  | -                                      | -     |
| CITY    | HIAL | EAH  |           | STATE | FLORIDA |  | ZIP                                    | 33012 |
| NAME    |      |      |           |       | •       |  |  |       |
| ADDRESS |      |      |           |       |         |  |  |       |
| CITY    |      |      |           |       |         | ······································ |  | ····  |
| NAME    |      |      |           |       |         |  |  |       |
| ADDRESS |      |      | -         |       |         |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |       |
| CITY    |      |      |           |       | <u></u> |  |  |       |
| NAME    |      |      |           |       |         |  |  |       |
| ADDRESS |      | _    |           |       | ****    |  |  |       |
| CITY    |      |      |           |       |         |  |  |       |

IN WITNESS WHERE OF, the undersigned subscriber (s) have executed these Articles of Incorporation this 11 day of 11, 2001.

PREPARED: SOSA ACCOUNTING TAX SERVICE

570 EAST 49 STREET

HIALEAH, FL 33013

(305)688 - 1716

\_( Seal)

(305) 688 - 1714

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

# CERTIFICATE OF REGISTERED AGENT

OF

# ALFREDO CUSTOM FURNITURE, INC.

(name of corporation)

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, to organize under the laws of the State of Florida with Its registered office as indicated in the Articles of Incorporation.

AT: 6421 NE 2 ND AVE

MIAMI, FLORIDA 33138

Has named CAROLINA MARINO

Located at the aforesaid address, as its Registered Agent to accept service of process within this state.

#### ACKNOWLEDGEMENT

Having bee named as Registered Agent to accept service of process for the above state corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with provisions of Florida Lawn in Keeping open said office.

(registered agent)