

P04000084656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

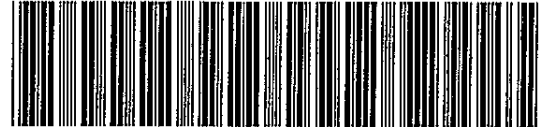
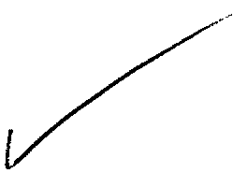
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: ABSOLUTE Canvas & Upholstery inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

John Omiecinski
Name (Printed or typed)

12203 45th Ave. Dr. W. / P.O. Box 983
Address

Grocery, FL 34215
City, State & Zip

941-761-8548
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Absolute Canvas & Upholstery inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

*4522 121st Street Cortez, FL 34215 / P.O. Box 953
Cortez, FL 34215*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To make a profit.

ARTICLE IV SHARES

The number of shares of stock is: *one*

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

*John Omiecinski
12203 45th Ave. Dr. W. Cortez, FL 34215 / P.O. Box 953
President*

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*John Omiecinski
12203 45th Ave Dr. W. Cortez, FL 34215 / P.O. Box 953*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*John Omiecinski
12203 45th Ave. Dr. W. Cortez, FL 34215 / P.O. Box 953*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

John Omiecinski

Signature/Registered Agent

4/30/2004

Date

John Omiecinski

Signature/Incorporator

4/30/2004

Date

FILED
04 MAY 27 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA