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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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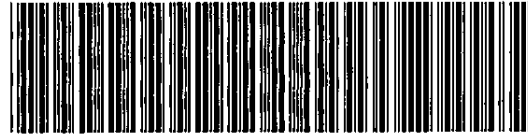
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

2011 AUG -9 AM 10:05

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J. Shivers AUG 11 2011

**COVER LETTER**

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

**SUBJECT: PRESTIGE CARPET, UPHOLSTERY, & FLOOR CARE, INC.**  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: PRESTIGE CARPET, UPHOLSTERY, & FLOOR CARE, INC.  
Name (Printed or typed)

5040 GREENLAND ROAD  
Address

JACKSONVILLE, FL 32258  
City, State & Zip

904-451-7756  
Daytime Telephone number

FMAPAYI@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32304  
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**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** PRESTIGE CARPET, UPHOLSTERY, & FLOOR CARE, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 5040 GREENLAND ROAD  
JACKSONVILLE FL 32258  
Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL PURPOSE.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**  
Name and Title: MICHAEL MAPAYI / PRESIDENT Name and Title: \_\_\_\_\_  
Address: 5040 GREENLAND ROAD Address: \_\_\_\_\_  
JACKSONVILLE FL 32258  
Name and Title: FLORENCE ADERIBIGBE / VP SECY Name and Title: \_\_\_\_\_  
Address: 5040 GREENLAND ROAD Address: \_\_\_\_\_  
JACKSONVILLE FL 32258  
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**  
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Name: MICHAEL MAPAYI  
Address: 5040 GREENLAND ROAD  
JACKSONVILLE FL 32258

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: MICHAEL MAPAYI  
Address: 5040 GREENLAND ROAD  
JACKSONVILLE FL 32258

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TALLAHASSEE, FL 32399  
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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

Michael Mapayi  
Required Signature/Registered Agent

07/27/2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

F Aderibigbe  
Required Signature/Incorporator

07/27/2011  
Date