F04000004254

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 24, 2004

CHARLES AMO 139 COCONUT CT. PORT ORANGE, FL 32127

SUBJECT: CHARLIE AMO CARPET OF DELAWARE INC.

Ref. Number: W04000024411

We have received your document for CHARLIE AMO CARPET OF DELAWARE INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 704A00041751

TRANSMECTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT:	NARTIE AMO CH	RDET OF DELEN	HARE INC
	(Name of corporat	ion - must include suffix)	
Dear Sir or Madam:			
	ion by Foreign Corporation for 2", and check are submitted to ida.		
	ondence concerning this matte		
	LHRUES AM	U .	
CIAR	LIE Amo CA	Person) PET OF DELE	WARE INC
	130 Caco	ompany) NUT (T	•
	- (Adr	iress)	er er e men de e dener a
,	VA O JY	1 mg 6' Er 23131	
	(City/Blate	and Zip code)	
For further information	concerning this matter, please	call:	
Roman A Su	43 Lick at (346	,) 38-3502	.•
(Name of Perso	on) (Area	Code & Daytime Telephone	Number)
			•
€* • • • • • • • • • • • • • • • • • • •		N N A TT ENCO 1 A TANABLE (191)	
STREET ADDRESS: Registration Section		MAHANG ADDRESS: Registration Section	
Division of Corporation	s .	Division of Corporations	
409 E. Gaines St.		P.O. Box 6327	fil. w
Tallahassee, FL 32399	•	Tallahassee, FL 32314	4 - (
Enclosed is a check for	the following amount:		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & 〔 Certified Copy •	Sri Sq D \$87.50 Filing Fee, Certificate of Status & Certified Copy
	•		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT A SUNESS IN TH	FOLLOWING IS SUBMITTED TO HE STATE OF FLORIDA.
Charine Amo CARDET OF D	PLANADA T.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "Inc.," "Co.," "Corp," "Inc," "Co.," or "Corp,")	=
•	
(If name unavailable in Florida, onter alternate corporate name a copted for the pr	upose of transacting business in Florida)
2. PELEWARE	32-0103022
(State or country under the law of which it is incorporated)	FEI number, if applicable)
4.	PERPETUAL
The same of the sa	corp, will cease to exist or "perpetual")
6.	
(Date first-transported business in Florida, If convertion has not connected busine	ss in Florida, insert "upon qualification.")
SERVICE TORS OF THE PARTY OF TH	CT. PT. ORHWEEFE 32177
7. (Principal office address)	Ot, It coloured to
(Current mailing address)	
8. CARRET IN STALLA TO	
(Purpose(s) of corporation authorized in home state or country to be carried	d out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Ma	uil Drop Box <u>NOT</u> acceptable)
C. Camie and Street address of the Control of the C	
Name: CHARLES AMO	
Name: CHARLES AMO	
Name: CHARLES AMO	
Office Address: DA COCO NUTCE. Prophysical Colonia (City) Name: CNARLS Amb Name: CNARLS Amb Name: CNARLS Amb (City) Plorida	231142 Su G
Office Address: Dy Coco which City) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for	(Zip code) r the above stated corporation at the place
Office Address: Dy Coco Wyth C. Provide City 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for designated in this application, I hereby accept the appointment as registered.	(Zip code) The above stated corporation at the place and agent and agree to act in this capacity. I
Office Address: Dy Coco which City) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for	(Zip code) The above stated corporation at the place and agent and agree to act in this capacity. I oper and complete performance of my duties,
Office Address: Name: NARLE HWD Office Address: Name: NARLE HWD Office Address: NARLE HWD Office Address: NARLE HWD Office Address: Name: NARLE HWD Office Address: Name: Name: NARLE HWD Office Address: Name: Name: Name: NARLE HWD Office Address: Name:	(Zip code) The above stated corporation at the place end agent and agree to act in this capacity. I oper and complete performance of my duties, ared agent.
Office Address: Name: NARLE HWD Office Address: Name: NARLE HWD Office Address: NARLE HWD Office Address: NARLE HWD Office Address: Name: NARLE HWD Office Address: Name: Name: NARLE HWD Office Address: Name: Name: Name: NARLE HWD Office Address: Name:	(Zip code) The above stated corporation at the place end agent and agree to act in this capacity. I oper and complete performance of my duties, ared agent.
Office Address: Name: NARLE HWD Office Address: Name: NARLE HWD Office Address: NARLE HWD Office Address: NARLE HWD Office Address: Name: NARLE HWD Office Address: Name: Name: NARLE HWD Office Address: Name: Name: Name: NARLE HWD Office Address: Name:	(Zip code) The above stated corporation at the place end agent and agree to act in this capacity. I oper and complete performance of my duties, ared agent.
Office Address: Dy Coco Wyrth. Florida (City) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for designated in this application, I hereby accept the appointment as registered further agree to comply with the provisions of all statutes relative to the process.	(Zip code) The above stated corporation at the place end agent and agree to act in this capacity. I oper and complete performance of my duties, red agent.

under the law of which it is incorporated.

12. Names and business addresses of officers and/o: directors:

A. DIRECTORS			•
Chairman: ChARES HWB			
Chairman: TNARES HM & Address: TDA COCONUT CT RED RAWGE, FL 32127			
Vice Chairman:			
Address:		, 119 4 19 - 4	
Director:			
Address:			
Director:			
Address: j	-	-	
B. OFFICERS			
President: JARRES AVAV Address: COCONNTC	1 ~ {		
Very DE NOTE TO 31132			
Vice President:	71		U
^ddress:		(B)	· <u>·</u>
Secretary:	4		
Address:			
Freasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers at 13. (Signature of Director of Officer listed in number 12 of the application)	nd/or directo	TS.	
14. Charles Amo.		<u></u>	
(Typed or printed name and expactly of person signing application)			

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHARLIE AMO CARPET INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JULY, A.D. 2004.



Darriet Smith Hindson

AUTHENTICATION: 3222471

DATE: 07-09-04

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