TRANSMITTAL LETTER

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

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※※	***78.75	*****	78.75

SUBJECT: Floor Solutions, 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

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Tracie A. Ward
Name (Printed or typed)

P.O. BOX 602

New Smyrna Beach, FL 32170

(904) 428-8875 Daytime Telephone number

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

ARTICLES OF INCORPORATION

ARTICLES OF INCORPORATION		
The undersigned incorporator, for the purpose of forming a Business Corporation Act, hereby adopts the following Arti	a corporation under the Florida icles of Incorporation. OD JAN 3/	LEL
ARTICLE I NAME	Sec. Sec.	Di.
The name of the corporation shall be:	ALLSTIAL	L4 15: 1
Floor Solutions, Inc.		IF STU
	TALLAHASSEE.	FLORID
ARTICLE II PRINCIPAL OFFICE		~^
The principal place of business and mailing address of	this corporation shall be:	
569 Canal Street		
New Smyrna Beach, FL 32	2168	···-
ARTICLE III SHARES	And the second s	· .
The number of shares of stock that this corporation is a	authorized to have outstanding at any one time is:	
1,000		
ARTICLE IV INITIAL REGISTERED AGI The name and Florida street address of the initial regist Tracie A. ward 337 ymohave Terrace have many, FL 32746 ARTICLE V INCORPORATOR The name and address of the incorporator to these Art Tracie A. ward 337 ymohave Terrace have many, FL 32746	- - - -	
Malle Alexand	1/27/00	
Signature/Incorporator	Date	
(An additional article must be add	ded if an effective date is requested.)	
Having been named as registered agent and to accept service of this certificate, I hereby accept the appointment as registered age the provisions of all statutes relating to the proper and complete obligations of my position as registered agent	ent and agree to act in this capacity. I further agree to comp	ly with
Hace Alenia	1/27/00	
Signature/Registered Agent	Date	 :