

PO0000023602

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

SUBJECT: A&M Wood Flooring, 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: Kenneth Andrew  
Name (Printed or typed)

700003153887--2  
-03/02/00--01011--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

7232 John Silver Ln.  
Address

Sarasota FL 34231  
City, State & Zip

(941) 587-4518  
Daytime Telephone number

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

FILED  
00 MAR - 1 AM 6:52  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314  
T SMITH MAR 08 2000

**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: *A&M Wood Flooring, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

*7232 John Silver Lane  
Sarasota, FL 34231*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*To sell and install wood floors*

ARTICLE IV SHARES

The number of shares of stock is:

*1000 Shares*

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

*Kenneth Andrew 7232 John Silver Ln.  
Sarasota, FL 34231*

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

*Kenneth Andrew 7232 John Silver Ln.  
Sarasota, FL ~~34231~~ 34231*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

*Kenneth Andrew 7232 John Silver Ln.  
Sarasota, FL 34231*

\*\*\*\*\*  
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

*[Signature]*  
Signature/Registered Agent

*[Signature]*  
Signature/Incorporator

*2-29-00*  
Date

*2-29-00*  
Date

FILED  
00 MAR -1 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA