

TRANSMITTAL LETTER

P000000104723

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

SUBJECT: NEW Millennium Carpet Care Co
(Proposed corporate name - must include suffix)

200003453342--0
-11/06/00--01100--001
*****78.75 *****78.75

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JOE O'DONNELL
Name (Printed or typed)

14275 SE 80th AVE
Address

Summerfield FL 34491
City, State & Zip

Joe GAVE (352) 307-8948
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV -6 PM 12:40

FILED

AUTHORIZATION BY PHONE TO

CORRECT Art. 4

DATE 11/8

DOB: EXAM. SeB

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

SeB
11/8

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

NEW Millennium Carpet Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

14275 SE 80th AVE Summerfield FL 34491

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

14275 SE 80th AVE Summerfield FL Joe O'Donnell
34491

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:


Joe O'Donnell
14275 SE 80th AVE Summerfield FL 34491


Signature/Incorporator

11-2-00
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

11-2-00
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9 00 NOV -6 PM 12:40

FILED