Division of Corregations

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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
ON FEB 15 PM 3: 48

FLORIDA PROFIT CORPORATION OR P.A.

SEMINOLE FLOOR COVERING, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

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

ARTICLE L. NAME

The name of the corporation shall be:

SEMINOLE FLOOR COVERING, INC.

ARTICLE II PRINCIPAL OFFICE

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

1065 MARTIN BLVD ORLANDO, FL. 32825

ARTICLE III. SHARES

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

6000 SHARES

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

IBELIZA COLEMAN 1065 MARTIN BLVD ORLANDO, FL. 32825 OI FEB 15 PM 3: 48

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

IBELIZA COLEMAN-PRESIDENT 1065 MARTIN BLVD ORLANDO, FL 32825

The u	ndersigned inc	orporator(s) has (have) executed t	hese Articles of Incorporation this
•.,	13	day of_FEBRUARY	, 2001
١ .	. Ph.L.	Coleman	
k4		Signature	********
		Signature	
		Signature	a squisme

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CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: SEMINOLE FLOOR COVERING, INC.
- 2. The name and address of the registered agent and office is:

IBELIZA COLEMAN (Name)

1065 MARTIN BLVD (P.O. Box <u>not</u> acceptable)

ORLANDO FL 32825 (City, State, Zip)

Having been named as registered agent and to accept service of process fort he above stated corporation at the place designed 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

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