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

SUBJECT:

Omni Wall Covering 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

\$122.50

Filing Fee

& Certified Copy

\$131.25

Filing Fee,

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

Omni Wall Covering, Inc.

Name (Printed or typed)

495 Belmist Court Dunedin, FL 34698

Address

Dunedin, FL 34698

City, State & Zip

727-738-4060

Daytime Telephone number

D. WHITE MAR 3 0 2001

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

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## ARTICLES OF INCORPORATION

01 MAR 26 PM 4: 24

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

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Omni Wallcovering, Inc.

ARTICLE II PRINCIPAL OFFICE

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

495 Belmist Court Dunedin, FL 34698

ARTICLE III SHARES

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

100,000 shares Common No Par

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Herbert D. Locklear 495 Belmist Court Dunedin, FL 34698

ARTICLE V INCORPORATOR

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

Herbert D. Locklear 495 Belmist Court Dunedin, FL 34698

Signature/Incorporator

23 MAR 2001

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

The Colo