## POIDON TENTER TRANSMITTAL LETTER

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

50004502085- -07/27/0101053( *****78.75 ******	31.
SUBJECT: DECOR WORLD FLOORINGS WINDOWC	10 O{
(Proposed corporate name - must include suffix)	
Touloged to an existent and one (1) some of the exticles of incompration and a check	
Enclosed is an original and one (1) copy of the articles of incorporation and a check for:	
\$70.00 \$78.75 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee,	
& Certified Copy Certified Copy & Certificate	
FROM: YUVAL FADLON	
Name (printed or typed)	
4966 S.W. 35 JARRACA Address	
FT. LANDARDALA FLA. 33312	_
City, State & Zip	
ALTERATE 954-0646  Daytime Telephone number	
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DECOR WORLD	
FLOORING +	

le the original and one copy of the articles.

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## ARTICLES OF INCORPORATION

NAME

ARTICLE I

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

The name of the corporation shall be:  PECOR WORLD FLOORING & WINDOW COVERING INC.
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  4966 S.W. 35 TARRACA  FT. LAUDERGALE, FLA. 3331
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 Elevide street address of the initial registered agent are:
YUVAL FADION STEPRACE FLA. 333/2
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
PAUL AXEL
4966 SW. 35 PARACE 3331
PSignatura/Incorporator  7/23/0/ Page
Signature/Incorporator 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
1/23/0/
Signature/Registered Agent Date