120 TRANSMITTANCETTER/0105

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

200004684142--3 -11/15/01--01064--004 Tallahassee, FL 32314 *****70.00 ****70.00 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 Filing Fee, & Certificate & Certified Copy Certified Copy Ţ. & Certificate . ADDITIONAL COPY REQUIRED Inc.-Charles Stamm FROM: Kidge Wood Circle (561) 262-2602 Daytime Telephone number

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

PS,1/16/01

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ARTICLES OF INCORPORATION

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:
Total Care Flooring: Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
47 Ridge Wood Circle Tequesta, Fl 33469 ARTICLE III SHARES
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1,000 Shares Capital Stock
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Charles Stamm
47 Ridge Wood Circle
47 Ridge Wood Circle Tequesta, Fl 33469 ARTICLE V INCORPORATOR
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
Charles Stamm
47 Ridge Wood (ircle
Tequesta, F1 33469
Charles Gres 11/12/01
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

Signature/Registered Agent