## P02000049083

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

400005767214--5 -06/14/02--01048--013 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: HOCAC CONSTINCTION TO THE PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:	1
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	OR JUH 21 A
FROM: LAUM M. Crouson Name (Printed or typed)				
583 Antelope Srive				
Deltona, FL 32705 City, State & Zip				
386539-7304 D-(386) 295-1485  Daytime Telephone number				
CHRIS	CARUSO (407)719	-6245		myle"
				Way.

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



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 14, 2002

LAURA M. CROUSO 583 ANTELOPE DR DELTONA, FL 32725

SUBJECT: PROCARE CARPET SYSTEMS, INC.

Ref. Number: W02000017461

We have received your document for PROCARE CARPET SYSTEMS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document must state the number of shares of authorized stock.

ONE REGISTERED AGENT ONLY AND REGISTERED AGENT NAMED MUST SIGN ON REGISTERED AGENT SIGNATURE LINE.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White Document Specialist New Filings Section

Letter Number: 502A00039191

## 02 JUN 21 AM 10: 18 ARTICLE I *NAME* The name of the corporation shall be: SECRETARY OF STATE TALLAHASSEE FLORIDA oystems, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): REGISTERED AGENT The name and Florida street address of the registered agent is: INCORPORATOR The <u>name and address</u> of the Incorporator is: illa Crouso Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

FILED

ARTICLES OF INCORPORATION

Signature/Incorporator

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)