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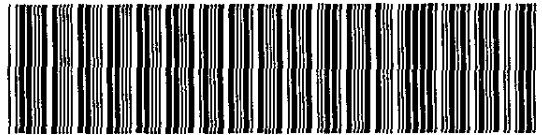
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W-482

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LAZARUS CORPORATE FILING SERVICE

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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. S.O.S. WOODS FLOOR, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 7, 2003

LAZARUS

SUBJECT: S.O.S. WOODS FLOOR, INC.
Ref. Number: W03000000482

We have received your document for S.O.S. WOODS FLOOR, 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):

The name of the entity must be identical throughout the document.

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) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 003A00000780

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME:

The Name of the corporation shall be: S.O.S. Wood Floors, Inc.

ARTICLE II - PRINCIPAL OFFICE:

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

5530 W. 26 CT. Ste # 202
Hialeah Garden, FL. 33016

ARTICLE III - SHARES:

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is:

Sergio Omar Sosa
5530 W. 26 CT. Ste # 202
Hialeah Garden, FL. 33016

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TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR(S):

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

Sergio Omar Sosa
5530 W. 26 CT. Ste # 202
Hialeah Garden, FL. 33016

ARTICLE VI - DIRECTOR(S):

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

President

Sergio Omar Sosa
5530 W. 26 CT. Ste # 202
Hialeah Garden, FL. 33016

Vice-President

Maria Del Rosario Olivera
5530 W. 26 CT. Ste # 202
Hialeah Garden, FL. 33016

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this ____ day
of _____, 2002.

Sergio Sosa
Rosario Olivera

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

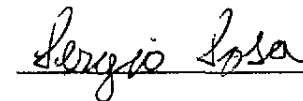
Pursuant to the provisions of sections 607.0501 or 617.0501, Florida statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, In the State of Florida.

1. The name of the corporation is: **S.O.S. Wood Floors, Inc.**

2. The name and address of the registered agent and office is:

Sergio Omar Sosa
5530 W. 26 CT. Ste # 202
Hialeah Garden, FL. 33016

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 REGISTRERED 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 I FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



DATE: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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