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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

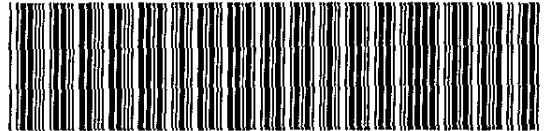
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAR 20 PM 3:36

3-25-03  
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TRANSMITTAL LETTER

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

SUBJECT: LARKIN FLOORS 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 of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: PAMELA TROYER  
Name (Printed or typed)

1569 SHADOW RIDGE CIR  
Address

SARASOTA FL 34240  
City, State & Zip

941-378-4171  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

ARTICLE I NAME

The name of the corporation shall be:

LARKIN FLOORS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1016 CRONLEY PL  
SARASOTA FL 34237

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR THE PURPOSE OF TRANSACTING ANY OR ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 SHARES OF \$0.01 PAR VALUE COMMON STOCK.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

CHARLES LARKIN  
1016 CRONLEY PL  
SARASOTA FL 34237

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

PAMELA TROYER  
1569 SHADOW RIDGE CIR  
SARASOTA FL 34240

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHARLES LARKIN  
1016 CRONLEY PL  
SARASOTA FL 34237

\*\*\*\*\*  
*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*

Pamela Trayer  
Signature/Registered Agent

3/17/03  
Date

Charles Larkin  
Signature/Incorporator

3-17-03  
Date

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