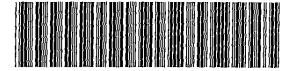
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SECRETÀ TY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF

FLOORPRO DISTRIBUTORS INC.

ARTICLE 1 NAME

THE NAME OF THE CORPORATION SHALL BE: FLOORPRO DISTRIBUTORS INC. .

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE 485 E.DONEGAN AVENUE, KISSIMMEE, FL 34744

ARTICLE 11 NATURE OF BUSINESS

THE CORPORATION MAY ENGAGE IN OR TRANSACT ANY AND ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA,OR ANY OTHER STATE,COUNTRY,TERRITORY OR NATION.

ARTICLE 111 CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

500 SHARES AT \$ 1.00 EACH.

ARTICLE IV TERM OF EXISTENCE

THE CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

THE NAME (S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND DIRECTOR(S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR(S) IS(ARE)ELECTED, IS(ARE):

GARY DARK 485 E.DONEGAN AVENUE KISSIMMEE FLORIDA,34744

ARTICLE VI INCORPORATORS

THE NAME (S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THIS ARTICLES OF INCORPORATION IS(ARE):

GARY DARK 485 E.DONEGAN AVENUE KISSIMMEE FLORIDA, 34744

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE)EXECUTED THESE ARTICLES SIGNATURE(S) OF INCORPORATOR(S) STATE OF FLORIDA, COUNTY OF SEMINOLE. THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED AND SWORN TO DAY OF JUNE 2003, BY BEFORE ME THIS ___ Q __ gard bark NAME OF INCORPORATOR OF FWORPED DISTRIBUTORS INC. NAME OF CORPORATION NOTARY PUBLIC EXPIRES: September 27, 2005 (SEAL) MY COMMISSION EXPIRES

CERTICATE DESIGNATING REGISTERED AGENT/REGISTERED OFFICE PURSUANT TO THE PROVISIONS OF SECTION 607.325, 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: FLOORPRO DISTRIBUTORS INC.

2.THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

GARY DARK 485 E. DONEGAN AVENUE KISSIMMEE ,FLORIDA,34744

SIGNATURE COR	PORATE OFFICER
0	TNAGI
DATE VA	03

HAVING BEEN NAMED TO ACCEPTS SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF AL , STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 307,325 FLORIDA STATUTES.

SIGNATURE REGISTERED AGENT
DATE VA 07

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