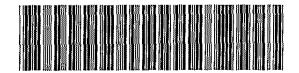
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	
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# TRANSMITTAL LETTER

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

SUBJECT: FLO	ORGRIP, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFLX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incompration and	a check for
Disciosod are an orig	mai and one (1) copy of the arm	cies of meorpotation and	a check for.
\$70.00	<b>☑</b> \$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
•	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM. Jo	ohn T. O'Connell		
1110,111	Name	(Printed or typed)	
	133 Hidden Brook Dr. Apt.	В	
	·	Address	
	Palm Harbor, FL 34683		
· · · · ·	City,	State & Zip	
	727-789-5002		
	Daytime T	elephone 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:

FLOORGRIP, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Business address:

Mailing address:

133 Hidden Brook Dr. Apt B

PO Box 431

Palm Harbor, FL 34683

Palm Harbor, FL 34682-0431

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct business in, have one or more officesses in, and buy, hold, mortgage, sell, convey, lease or otherwise dispose of real and personal property, including franchises, patents, copyrights, trademarks and licenses in the State of Florida and all other states.

### ARTICLE IV SHARES

The number of shares of stock is:

500

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

John T. O'Connell President/Secretary 133 Hidden Brook Dr. Apt B Palm Harbor, FL 34683

### ARTICLE VI REGISTERED AGENT

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

John T. O'Connell 133 Hidden Brook Dr. Apt B Palm Harbor, FL 34683

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John T. O'Connell 133 Hidden Brook Dr. Apt B Palm Harbor, FL 34683

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

Signature/Registered Agent

Signature/Incorporator

Date

Dak