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(Requestor's Name)

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(Business Entity Name)

(Document Number)

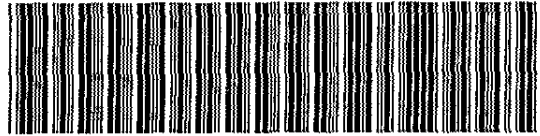
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FILED
03 NOV -5 PM 4:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

November 3, 2003

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

SUBJECT: T & T CARPET INC.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for \$70.00 representing the Filing Fee.

From:

JAMES E. MARCI
58 COMMERCIAL WAY
SPRING HILL, FL 34606

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**ARTICLES OF INCORPORATION
OF
T & T CARPET INC.**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:
T & T CARPET INC.

ARTICLE II PRINCIPAL OFFICE

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

4676 CRESCENT ROAD
SPRING HILL, FLORIDA 34609

ARTICLE III SHARES

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

1000 SHARES OF COMMON STOCK, EACH SHARE HAVING A
PAR VALUE OF ONE DOLLAR (\$1.00)

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent are:

THOMAS HORAN
4676 CRESCENT ROAD
SPRING HILL, FL 34609

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

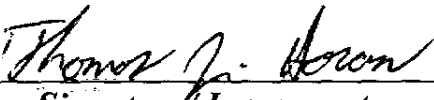
THOMAS HORAN
4676 CRESCENT ROAD
SPRING HILL, FL 34609

ARTICLE VI OFFICERS & DIRECTORS

The names of the initial officers and directors of the corporation are:

THOMAS J. HORAN
4676 CRESCENT ROAD
SPRING HILL, FL 34609

PRESIDENT/DIR./SEC.



Signature/ Incorporator

Date

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 registered 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 familiar with and accept the obligations of my position as registered agent.



Signature/ Registered Agent

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA