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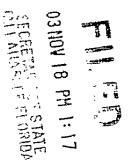
,	
}	(Requestor's Name)
3 .	(Address)
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	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copi	es Certificates of Status
Special Instr	uctions to Filing Officer;
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	<u>:</u>

Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT: MONGN FLOOTING INC PROPOSED CORPORATE NAME'- MUST INCLUDE SUFFIX)					
Enclosed is	an origina	(PROPOSED CORPORATE I			
! . .	570.00 ng Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
s communications are .	-	Michae	ROM: L Mg ha N inted or typed)		
		Roselac	146 ddress	<u>1957</u>	
,		172	State & Zip 2 - 633 - 06° lephone number	<u>97</u>	

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

ARTICLES OF INCORPORATION OF MOHAN FLOORING, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I CORPORATE NAME

The name of the Corporation is: MOHAN FLOORING, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS

The principal place of business is 12850 82nd Court, Roseland, FL 32957 and the mailing address is P.O. Box 146, Roseland, FL 32957.

ARTICLE III NATURE OF BUSINESS AND POWERS

The general nature of the business to be transacted by this Corporation is to engage in any and all business permitted under the Laws of the State of Florida.

ARTICLE IV CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is one thousand (1000) shares of common stock with a par value of \$1.00 each...

ARTICLE V TERM OF EXISTENCE

This Corporation shall have perpetual existence, commencing with the filing of these articles.

ARTICLE VI REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The Registered Agent and the street address of the initial Registered Office of the

Corporation in the State of Florida shall be:

Michael Mohan 12850 82nd Court

P.O. Box 146

Roseland, FL 32957

Shohn

ARTICLE VII BOARD OF DIRECTORS

The Corporation shall have a minimum of one (1) and a maximum of four (4) directors initially. The number of directors may be increased or diminished from time to time by Bylaws adopted by the stockholders, but never shall be less than one (1).

Name	Address	Office
Michael Mohan	12850 82nd Ct.	President/
	P.O. Box 146	Secretary/
	Roseland, FL 32957	Treasurer
	ARTICLE VIII	
}	INCORPORATOR	

The name and street address of the person signing these Articles of Incorporation as the Incorporator is:

Michael Mohan 12850 82nd Ct. P.O. 146 Roseland, FL 32957

ARTICLE IX AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders meeting by at least a majority of the stock entitled to vote, unless all of the directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned, as Incorporator, has executed the

foregoing Article of Incorporation on this $\int \int day$ of November, 2003.				
	Incorporator Man			
STATE OF FLORIDA COUNTY OF INDIAN RIVER				

BEFORE ME, a Notary Public, personally appeared MICHAEL MOHAN, to me well known to be the person described as the Incorporator and who executed the forgoing Articles of Incorporation, and acknowledged before me that he subscribed to these Articles of Incorporation on this \(\sum_{\sum} \) day of November, 2003. Said party is personally known to me or has produced a current driver's license as identification.



Notary Public, State of Florida

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

Date

Signature/Incorporator

Date

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SECRETARY OF STATI