## PO 4000029034

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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SECKE MASSEE, FLORIDA

932-13

## TRANSMITTAL LETTER

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

Enclosed are an origi	nal and one (1) copy of the artic	les of incorporation and	a check for:	
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	E \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Mirial Motey Name (Printed or typed)				
720 U 19th Street				
Q	Palatta, Flins	30177 State & Zip		
-	386- 328- Daytime Te	7674 or lephone number	386-546-4460	

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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 5, 2004

MIRIAL MOTEN 720 N 19TH ST PALATKA, FL 32177

SUBJECT: FLOOR COVERING BY MARIO INC.

Ref. Number: W04000004969

We have received your document for FLOOR COVERING BY MARIO INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please complete article VI with the registered agents name.,

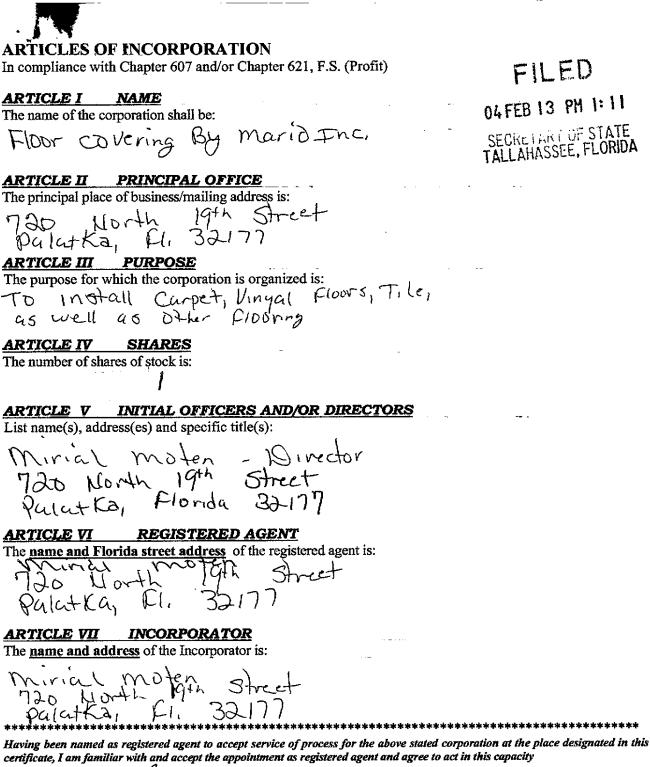
Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Letter Number: 604A00007722

Cynthia Blalock Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent