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TRANSMITTAL LETTER

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

SUBJECT: Sylv	ester Flooring Services Inc.			
Schole I.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:	
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy	
	& Certificate of Status		& Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: E	sther Sylvester			
1 KOM	Name	(Printed or typed)	<u> </u>	-
	104 Champlain Dr.	Address		
	•	Address		
	Deltona, Fl 32725			
	City,	State & Zip	,	
	386-575-2175			
	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:

Sylvester Flooring Services Inc.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

104 Champlian Dr. Deltona,FI 32725

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Carpet, Vinyl, Wood, Tile floor Laying Flooring repair

ARTICLE IV SHARES

The number of shares of stock is: 000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Esther Sylvester, Owner- Ped 104 Champlain Dr

Craig Sylvester, Owner v P

Deltona, Fl 32725

ARTICLE VI REGISTERED AGENT

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

Sylvester

104 Champlain Dr

Deltona,FI 32725

ARTICLE VII INCORPORATOR

The <u>name</u> and address of the Incorporator is:

Esther and Craig Sylvester 104 Champlain Dr.

Deltona, Fl 32725

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