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TRANSMITTAL LETTER

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

SUBJECT:	ESTRY WALLCOVERING			
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)	
n 1 1 .				
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:	
☑ \$70.00	\$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 COPY REQUIRED		
		ADDITIONAL CO	T I REQUIRED	
Door K	enneth Bermudez			
FROM: _K	Name	e (Printed or typed)		
	3385 Grand Cypress Dr.,	#201	•	. · · <u>· · · · · · · · · · · · · · · · ·</u>
,		Address	A	
	Naples, FL 34119	e i se i e e e e e e e e e e e e e e e e	at software and	y Heij
	City	, State & Zip		
	(000) E00 0444			
	(239) 592-0441	Telephone number	· · · · · · · · · · · · · · · · · · ·	
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NOTE: Please provide the original and one copy of the articles.

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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: TAPESTRY WALLCOVERING CO.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3385 Grand Cypress Drive, #201
Naples, FL 34119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Wallcovering removal/installation.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares of Common.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Kenneth Bermudez, Director 3385 Grand Cypress Dr., #201, Naples, FL 34119

Laura L. Bermudez, Director 3385 Grand Cypress Dr., #201, Naples, FL 34119

ARTICLE VI REGISTERED AGENT

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

Laura L. Bermudez 3385 Grand Cypress Dr., #201, Naples, FL 34119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kenneth Bermudez 3385 Grand Cypress Dr., #201, Naples, FL 34119

ignature Registered Agent Date

Signature/Incorporator Date

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