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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT:	WAT	SON'S FLOORING INC			
JOBOLC I.		(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are	an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
□ \$7	70.00	\$78,75	☑ \$78.75	□ \$87.50	
	g Fee	Filing Fee	Filing Fee	Filing Fee,	
	5	& Certificate of Status	& Certified Copy		
				& Certificate of	
				Status	
			ADDITIONAL CO	PY REQUIRED	
FRO	M. Ti	ROYERS BUSINESS SER\	/ICES INC		
Name (Printed or typed)					
		AFED CLIADOM DIDOE O	ın		
		1569 SHADOW RIDGE C	Address		
			Address		
		SARASOTA FL 34240-946	64		
		City	, State & Zip		
		941-378-4171			
		Daytime 7	Telephone 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: WATSON'S FLOORING INC

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PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 1569 SHADOW RIDGE CIR, SARASOTA, FL 34240

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: FOR THE PURPOSE OF TRANSACTING ANY OR ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 SHARES OF \$0.01 PAR VALUE COMMON STOCK.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT: JEFF WATSON, 1569 SHADOW RIDGE CIR, SARASOTA, FL 34240

ARTICLE VI REGISTERED AGENT

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

JEFF WATSON, 1569 SHADOW RIDGE CIR, SARASOTA, FL 34240

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

JEFF WATSON, 1569 SHADOW RIDGE CIR, SARASOTA, FL 34240

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

5-20-64 Date

5-20-04 Date