

P04000113946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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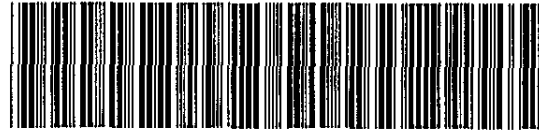
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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REGISTRATION DIVISION

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REGISTRATION DIVISION

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TRANSMITTAL LETTER

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

SUBJECT: Cooper Floor Covering Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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
ADDITIONAL COPY REQUIRED

FROM: Charlene M. Cooper
Name (Printed or typed)

2002 E PARK Ave Apt. A
Address

Tallahassee FL 32301
City, State & Zip

(850) 284-7146
Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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:

Cooper Floor Covering Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

2002 E PARK AVE Apt. A
Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Floor Covering

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Charlene M. Cooper Pres.
2002 E PARK AVE Apt. A
Tallahassee, FL 32301

ARTICLE VI REGISTERED AGENT

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

Charlene Cooper
2002 E PARK AVE Apt. A
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cooper Floor Coverings Inc
2002 E PARK AVE Apt A
Tallahassee, FL 32301

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

Charlene Cooper
Signature/Registered Agent

8/4/04
Date

Charlene Cooper
Signature/Incorporator

8/4/04
Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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