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TRANSMITTAL LETTER

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

SUBJECT:	Floor Coverings Unlimited Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	
	(PROPOSED COMPORATE NAME - MUST INCLUDE SUFFIX)	

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

□ \$70.00 □ \$78.75

Filing Fee Filing Fee & Filing Fee, & Certificate of Status

Certificate of Status

Filing Fee Filing Fee, & Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

Edward C. Lynsford
Name (Printed or typed)

214 N. Dellview Pv

Address

Tallahessee, FL 32303

City, State & Zip

8SD - 383-418Z Daytime Telephone number

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

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AND
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECKLIARY OF STATE TALL AHASSEF, FLORID.

ARTICLE I NAME

The name of the corporation shall be:

Floor Coverings Unlimited, Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

Floor Coverings Unlimited

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Edward C. Lunsford 214 N. Pellviau Dr President

Talkhasee, FL 32303

REGISTERED AGENT

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

Edward (Lunstord

214 N. Dellview Dr

Tallahassee FL - 32303 ARTICLE VII INCORPORATOR

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

Edward C. Lunsford 214 N. Dellview Dr

allahassee, FL 32303

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/Incorporator L

Sept 63, 04 Date Sept 03, 64