

204000163575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

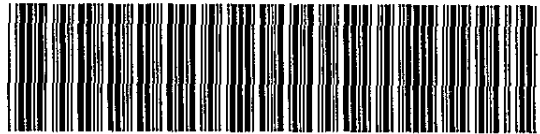
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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12-6

# TRANSMITTAL LETTER

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

SUBJECT: VAL 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: VALHIR A. DASILVA  
Name (Printed or typed)

9846 BERNWOOD PL. DR. # 304  
Address

FT. MYERS, FL. 33912  
City, State & Zip

(239) 645-3991  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:

VAI FLOOR COVERING, INC

**ARTICLE II — PRINCIPAL OFFICE**

The principal place of business/mailling address is:

9846 BERNWOOD PLACE DR. 304  
FT. MYERS, FL. 33912

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Profit

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

VALMIR A. DASILVA & VALCINEA T. DASILVA  
9846 BERNWOOD PLACE DR. #304  
FT. MYERS, FL. 33912

**ARTICLE VI REGISTERED AGENT**

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

Juliana Pereira  
6580 Briarcliff Rd  
FT. MYERS, FL. 33912

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Juliana Pereira  
6580 Briarcliff Rd  
FT. MYER, FL. 33912

\*\*\*\*\*

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

Signature/Incorporator

Date

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA