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(Requestor's Name)	
(Address)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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SECRETARY OF STATE CHYISION OF CERPORATIONS

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TRANSMITTAL LETTER

SUBJECT: Above All Wall Covering, Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

ADDITIONAL CO	Status
	IPY KEQUIKED
	 .
	Printed or typed) ddress

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:

Above All Wall Covering, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 102 Justine Drive Sebastian, Fl 32958

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For Profit - Wall Coverings

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):

Michael Picca President 102 Justine Drive, Sebastian, Fl 32958 - Virginia L. Picca Vice Pres 102 Justine Drive Sebastian, FL 32958

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Michael Picca 102 Justine Drive Sebastian, FL 32958

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Picca 102 Justine Drive Sebastian, Fl 32958

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

ignature/Registered Agent

ignature/Incorporator

/3/9/05

3/9/05 Date

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