

POS 000048923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

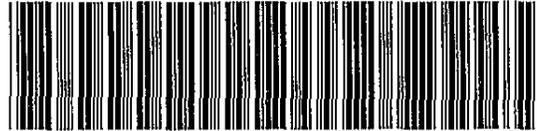
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300049443173

(14/04/05--01001--006 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 APR -1 PM 3:43

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 APR -1 PM 3:31

RECEIVED

J. Shivers APR 01 2005

TRANSMITTAL LETTER

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

SUBJECT: COMPLETE QUALITY 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: James David Allen

Name (Printed or typed)

235 SR 207

Address

St Augustine FL 32084

City, State & Zip

(904) 824-2977

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 APR - 1 PM 3:43

FILED

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:

COMPLETE QUALITY FLOOR COVERING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

235 SR 207
St Augustine FL 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Flooring

ARTICLE IV SHARES

The number of shares of stock is:

5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), addresses) and specific titles(s):

James David Allen, President
235 SR 207
St Augustine FL 32084

ARTICLE VI REGISTERED AGENT

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

James David Allen
235 SR 207
St Augustine FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Donald J. Segui
2120 US 1 South, Suite 115
St Augustine FL 32086

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.

James D. Allen
Signature/Registered Agent

3/30/05
Date

Donald J. Segui
Signature/Incorporator

3/30/05
Date

FILED
05 APR - 1 PM 3:44
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA