

POS000048923

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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/mailling 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

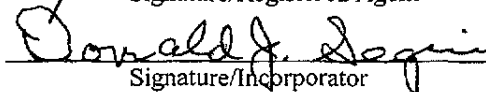
2120 US 1 South, Suite 115

St Augustine FL 32086

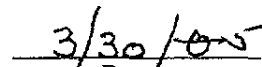
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



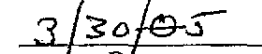
Signature/Registered Agent



Signature/Incorporator



Date



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA