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TRANSMITTAL LETTER

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

SUBJECT:	A Perfect Carpet Installation, Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:		
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM:		n F. Blowers (Printed or typed)			
_	5417 Royce Avenue Address				
-	Jacksonville, FL 32205 City, State & Zip				
		219-2117			

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:

A Perfect Carpet Installation, Inc.

ARTICLE II _ PRINCIPAL OFFICE

The principal place of business/mailing address is: 5417 Royce Avenue
Jacksonville, FL 32205

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Carpet Installation

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Glen F. Blowers, President 5417 Royce Avenue Jacksonville, FL 32205

ARTICLE VI REGISTERED AGENT

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

Glen F. Blowers 5417 Royce Avenue Jacksonville, FL 32205

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Glen F. Blowers 5417 Royce Avenue Jacksonville, FL 32205

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

Glon Blown

Signature/Incorporator

5/12/2005

5/12/2005

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SECRETARY OF STATE
TAIL MASSEE FLORID