

Florida Department of State

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Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

FLORIDA PROFIT CORPORATION OR P.A.

ACCENT FLOOR COVERING OF LAKELAND INC.

Certificate of Status	1
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ACCENT FLOOR COVERING OF LAKELAND INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

ACCENT FLOOR COVERING OF LAKELAND INC.

5729 S. Florida Avenue Lakeland, FL 33813

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 Shares at \$1.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Christopher Vandergriff 5729 S. Florida Avenue Lakeland, FL 33813

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Christopher Vandergriff - President 5729 S. Florida Avenue Lakeland, FL 33813

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Christopher Vandergriff 5729 S. Florida Avenue Lakeland, FL 33813

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21st day of September 2005.

Christopher Vandergriff - Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

2. The name and address of the registor	ered agent and office is:	BS 7
	Christopher Vandergriff	P 23
	Name	
	5729 S. Florida Avenue	The state of
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Lakeland, FL 33813	
	(City / State / Zip)	
	gent and to accept service of process for the above sta	_
	in this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all	

relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

September 21, 2005

(Date)