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|---|-----------------|-------------|--|--|
| (Re | questor's Name) | | | |
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| (Ad | dress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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OS DOCT 3 M ID OS
SECRETARY OF STATE
AN ANASSEE, FLORIDA

COVER LETTER

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

| SUBJECT: cont | inental flooring | | |
|----------------------|---|-------------------------------------|---|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the arti | icles of incorporation and | a check for: |
| \$70.00 Filing Fee | S78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate o Status |
| | | ADDITIONAL CO | |
| FROM: FI | rancisco Silva | | |
| | Name | (Printed or typed) | |
| | 796 tivoli circle # 205 | | |
| | | Address | |
| | Deerfield Beach , fl 334 | 141 State & Zip | |
| | City | , state of Lip | |
| ! | 954 274 7286 | | |
| • | Daytime 1 | elephone number | , , , , , , , , , , , , , , , , , , , |

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 6, 2005

FRANCISCO SILVA 796 TIVOLI CIRCLE #205 DEERFIELD BEACH, FL 33441

SUBJECT: CONTINENTAL FLOORING

Ref. Number: W05000046105

We have received your document for CONTINENTAL FLOORING and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 505A00060732

Suzanne Hawkes Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

| ARTICLES OF INCORPORATION | | |
|--|--------------------------------------|--|
| In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro | ofit) | |
| * * * * * * * * * * * * * * * * * * * | 51tt <i>)</i> | |
| ARTICLE I NAME | <u>.</u> | |
| The name of the corporation shall be: | | |
| flooring speacesties IInc | | - |
| | | |
| | | |
| ARTICLE II PRINCIPAL OFFICE | | |
| The principal place of business/mailing address is: | | |
| 796 tivoli circle # 205 | | |
| Deerfield Beach fl, 33441 | | |
| ARTICLE III PURPOSE | | |
| The purpose for which the corporation is organized is: | , | |
| flooring services | | Z ee S |
| | | E 2 71 |
| | | 10000000000000000000000000000000000000 |
| ARTICLE IV SHARES The number of shares of stock is: | ·· · · · | m W Ess |
| | | F9 = 0 |
| 500 | | PS S |
| ARTICLE V INITIAL OFFICERS AND/OR DIREC | CTORS | 92 0 |
| List name(s), address(es) and specific title(s): | | \$ 5 m |
| Francisco Silva , president | | |
| 796 tivoli circle # 205 Deerfield Beach fl, 33441 | | |
| | | |
| | | |
| | | |
| ARTICLE VI REGISTERED AGENT | 11 \ 8.1 \ \ | |
| The name and Florida street address (P.O. Box NOT accepta | ble) of the registered agent is: | • |
| Francisco silva | | |
| 796 tivoli circle #205 Deerfield Beach fl 33441 | | |
| I | | |
| ARTICLE VII INCORPORATOR | | |
| The <u>name and address</u> of the Incorporator is: | | |
| Francisco silva / | | |
| 796 tivoli circle #205 Deerfield Beach fl 33441 | | |
| / | | |
| ************** | ******* | ***** |
| Having been named as registered agent the accept service of process for the | e above stated corporation at the p | place designated in this |
| certificate, I am familiar with and accept the appointment as registered age | nt and agree to act in this capacity | |
| | - | |
| Signature/Registered Agent | | <u>/^ U_</u> |
| AIVHAMICA EVINCICAL MVEIII | 1 197 | II- |

Signature/Incorporator