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| (Requestor's Name) | | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| 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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COVER LETTER

Original

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

| SUBJECT: | Straight Edge F | Flooring Inc | IDE SHEEKY |
|----------------------|--|--|--|
| Enclosed are an orig | inal and one (1) copy of the arti- | | |
| \$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 |
| FROM: | Alberto Cart Name 635 N. Zambr | | - |
| | Clewiston, Aor | 10a 33440 State & Zip | |
| | 561-531-0858 Daytime T | elephone number | |

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: | 06 FEB |
| Straight Edge Flooring Inc. | \$\$\$ 3 |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 625 North Zambria St. Clewiston Florida 33440 | PH 3: 38 YOF STATE SEE, FLORIDA |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: Carpet Installation | en e |
| ARTICLE IV SHARES The number of shares of stock is: | •. • • • • • |
| 100 | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTO | DRS |
| List name(s), address(es) and specific title(s): | |
| Alberto Cartagena, officer | |
| 625 N. Zambria St. | |
| Clewiston FL 33440 | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) Alberto Cartagena | of the registered agent is: |
| 625 N. Zambria St. Clewiston FL 33440 | |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | |
| Alberto Cartagena 625 North Zambria St. | : - |
| 625 North Zambria 34. | - |
| Clewiston FL 33440 | **** |
| Having been named as registered agent to accept service of process for the ab certificate, I am familiar with and accept the appointment as registered agent ar | ove stated corporation at the place designated in this ad agree to act in this capacity |
| Alberto Cantagena | 7-42-21 |
| Signature/Registered Agent | 2-10-06 Date |

2-10-06 Date

Alberto Cartag Signature/Incorporator