

Division of Corporations

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Division of Corporations

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From:

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FLORIDA PROFIT/NON PROFIT CORPORATION

J & K Wall Covering 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:

J & K Wall Covering Inc.

ARTICLE II PRINCIPAL OFFICE

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

J & K Wall Covering Inc. 1119 Cobblestone Circle, Apt. E Kissimmee, FL 34744



ARTICLE III SHARES

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

100 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Timothy Carr 1119 Cobblestone Circle, Apt. E Kissimmer, FL 34744

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

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

Timothy Carr - President/Director 1119 Cobblestone Circle, Apt. E Kissimmer, FL 34744

ARTICLES VI INCORPORATOR(S)

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

Timothy Carr 1119 Cobblestone Circle, Apt. E Kissimmee, FL 34744

The undersigned incorporator(s) has(bave) executed these Articles of Incorporation this				
24th d	ay of <u>April</u>	_ 2006.		
	. Con			

Timothy Carr-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 regist	tered scent and office is:		
2. The manie and address of the legist	ereo agent min office is.	2 E	
	Timothy Carr		-
	Name		J. 20
	1119 Cobblestone Circle, Apt. E	福 5	ţ,
	(P.O. Box or Mall Drop Box NOT Acceptable)	-	g Lea
	Kissimmee, FL 34744	= 2	
	(City / State / Zip)		
relating to the proper and complete obligations of my position as regist	icity. I further agree to comply with the provisions of e performance of my duties, and am familiar with a tered agent	nd accept the	
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Timothy Carr	April 24, 20) 06	