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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

28.7-11

**COVER LETTER**

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

SUBJECT: Case Wood Flooring, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: MICHAEL SETTICASE  
Name (Printed or typed)

14100 N.E. 15th AVE.  
Address

North Miami, FL 33161  
City, State & Zip

786-255-4587  
Daytime Telephone 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:

Case Woodflooring, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

14100 N.E. 15th Ave.  
North Miami, Fl. 33161

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any business, activity or endeavor  
which is lawful of the laws of the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

(One Hundred) 100 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Michael Setticase, President/VP/Sec.  
14100 N.E. 15th Ave.  
North Miami, Fl. 33161

**ARTICLE VI REGISTERED AGENT**

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

Michael Setticase  
14100N.E. 15th Ave.  
North Miami, Fl. 33161

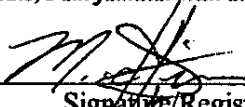
**ARTICLE VII INCORPORATOR**

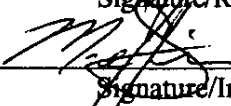
The name and address of the Incorporator is:

Michael Setticase  
14100N.E. 15th Ave.  
North Miami, Fl. 33161

\*\*\*\*\*

*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

  
\_\_\_\_\_  
Signature/Incorporator

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06 JUL 10 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date