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SECRETARY OF STATE

320 SW 87 <sup>TH</sup> AVENUE	
IIAMI, FL 33165 (305) 552-5973	1.
	Office Use Only
ORPORATION NAME(S) & DOCUMENT NUI	MBER(S), (if known):
V&RFLOOR COVERIA	V6 INC
(Corporation Name)	(Document #)
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**Examiner's Initials** 

### ARTICLES OF CORPORATION

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:

# **V & R FLOOR COVERING INC**

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## <u> ARTICLE II - PRINCIPAL OFFICE</u>

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

12345 NE 9 AVE APT 6 NORTH MIAMI, FL 33161

# ARTICLE III - SHARES

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

. 100

# ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VICTOR RIVAS 12345 NE 9 AVE APT 6 NORTH MIAMI, FL 33161

## ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

# VICTOR RIVAS 12345 NE 9 AVE APT 6 NORTH MIAMI, FL 33161

The undersigned incorporator has executed these Articles of Incorporation this <u>03</u> day of OCTOBER 2006

Signature

# ARTICLE VI - DIRECTOR(S)

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

1- *VICTOR RIVAS ------PRESIDENT-----100%*12345 NE 9 AVE APT 6 NORTH MIAMI, FL 33161

#### CERTIFICATE DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature