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Division of Corporations

FAX NO : 3052201440

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Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**TWIN CARPET SERVICES, INC**

Certificate of Status	0
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Jul. 11 2007 03:33PM P2

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**ARTICLES OF INCORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

**TWIN CARPET SERVICES, INC**

**ARTICLE II - PRINCIPAL OFFICE**

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

**15203 SANDALWOOD DRIVE  
WILDWOOD, FL. 34785**

**ARTICLE III - SHARES**

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

**100 Shares**

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**NOEL PEREZ  
15203 SANDALWOOD DRIVE  
WILDWOOD, FL. 34785**

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FAX NO. : 3052201440

Jul. 11 2007 03:33PM P3

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**ARTICLE V - INCORPORATOR**

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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

**NOEL PEREZ ( PRESIDENT )  
15203 SANDALWOOD DRIVE  
WILDWOOD, FL. 34785**

The undersigned incorporator has executed these Articles of Incorporation these 27th days of June, 2007.

X   
Signature

**ARTICLE VI - DIRECTOR(S)**

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

**NOEL PEREZ ( PRESIDENT )  
15203 SANDALWOOD DRIVE  
WILDWOOD, FL. 34785**

**CHRIS KRUCHKO ( VICE-PRESIDENT )  
15203 SANDALWOOD DRIVE  
WILDWOOD, FL. 34785**

**CERTIFICATE OF 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 provision 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

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