

PO8000020381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

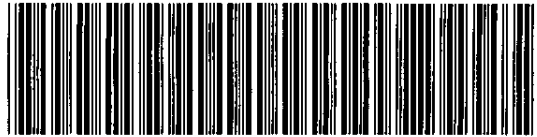
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 FEB 22 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VA

1.08-1117

## COVER LETTER

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

SUBJECT: FLOORMASTERS UNLIMITED, 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: CRISTIAN M. LONGO

Name (Printed or typed)

11163 Lakeland Circle

Address

Fort Myers, FL 33913

City, State & Zip

239-337-2525

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 5, 2008

CRISTIAN M. LONGO  
11163 LAKELAND CIRCLE  
FORT MYERS, FL 33913

SUBJECT: FLOOR MASTERS USA, INC  
Ref. Number: W08000006167

We have received your document for FLOOR MASTERS USA, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 308A00007599

## **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:

**FLOORMASTERS UNLIMITED, INC**

### **ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5485 LEE STREET UNIT # 9

LEHIGH ACRES, FL 33971

### **ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

### **ARTICLE IV    SHARES**

The number of shares of stock is:

**1000**

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

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

**CRISTIAN M. LONGO**

**11193 LAKELAND CIRCLE**

**FORT MYERS, FL 33913**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

CRISTIAN M. LONGO  
11163 LAKELAND CIRCLE  
FORT MYERS, FL 33913

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

CRISTIAN M. LONGO  
11163 LAKELAND CIRCLE  
FORT MYERS, FL 33913

\*\*\*\*\*

*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

01-30-08  
Date

01-30-08  
Date

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TALLAHASSEE, FLORIDA