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| (Re | equestor's Name) | | | |
|---|--------------------|-----------|--|--|
| (Ad | ldress) | | | |
| (Ad | dress) | | | |
| (Cit | ry/State/Zip/Phone | e #) | | |
| PiCK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nam | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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Office Use Only



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EP 4/28/08

COVER LETTER

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

| SUBJECT: | Souza Flooring Services Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) | | | |
|----------------------|---|--|--|--|
| | · | | | |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | a check for: | |
| \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | ✓ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | |
| | | | | |
| FROM: | | tias De Souza e (Printed or typed) | | |
| · | . • | eldon Rd Apt 313 | · , | |
| - | Address | | | |
| | Tampa, FL 33615 City, State & Zip | | | |
| | 81: | 3-448-7096 | | |
| | 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:

Souza Flooring Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6202 Sheldon Rd apt 313 Tampa, FL 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Floor covering

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):

President

Vice-President

Sebastias De Souza

Francisco De Souza Matos

6202 Sheldon Rd apt 313

6202 Sheldon Rd apt 313

Tampa, FL 33615

Tampa, FL 33615

ARTICLE VI

REGISTERED AGENT

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

Sebastias De Souza 6202 Sheldon Rd apt 313 Tampa, FL 33615

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Sebastias De Souza 6202 Sheldon Rd apt 313 Tampa, FL 33615

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

4-21-08

Date

4-21-08

Jate

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