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## **COVER LETTER**

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

SUBJECT:	ITCHEAS BAT	45 & Floor	S, CORP
	(I ROI OSED COM OR	ALD NAME - <u>MOST INC</u>	TOPE SCITIC
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED
FROM:	LARRY M. E. Name	FRUANS e (Printed or typed)  /Enice Ave Address	•
	VENICE FOR City 941-468	y, State & Zip  - 4714 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 NAMB The name of the corporation shall be: KITCHENS, BATHS OF FLOORS COEP ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 417EVENICE A VE VENICE FL 34285 ARTICLE III PURPOSE The purpose for which the corporation is organized is: REMOLORY . SALES ARTICLE IV The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): LARRY M. ERUANS ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 617 E VENICE AVE VENICE FL 34285 LARRY M ERVANS ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: LARRY M ERVANS 617 EVENICE AVE VENICE FL 34285 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