

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone Fax Number : (305)633-9696



FLORIDA PROFIT/NON PROFIT CORPORATION

care free interior solutions, inc

Certificate of Status 0 Certified Copy 1 Page Count 05 Estimated Charge \$78.75 RECEIVED JAN - 5 2009

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ARTICLES OF INCORPORATION

OF

CARE FREE INTERIOR SOLUTIONS, INC

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby 😀 adopt (s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

CARE FREE INTERIOR SOLUTIONS, INC

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

2500 Weston Road, Ste 220 Weston, FL 33331

ARTICLE IV

The general nature of this corporation is to transact any and all lawful business.

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ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 share having an individual par value of \$1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

Darin Karp 2500 Weston Road, Ste 220 Weston, FL 33331

ARTICLE VII

The name and address of the initial board of director(s) shall be:

Darin Karp 2500 Weston Road, Ste 220 Weston, FL 33331

ARTICLE VIII

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

Darin Karp 2500 Weston Road, Ste 220 Weston, FL 33331

The undersigned has executed these Articles of Encorporation this <u>5th</u> day of JANUARY, <u>2009.</u>

ENCORPORATOR

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

CARE FREE INTERIOR SOLUTIONS, INC

(NAME OF CORPORATION)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCROPORATION, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

RECISTERED AGENT

SECRETARY OF STATE TALLAHASSEE: FI ORIDA

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