

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000073633 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6381 Fax Number

From:

Account Name : CSH SERVICES, LLC

Account Number: I20070003160 Phone

: (600)494-3124 Fax Number : (561)455-9885

FLORIDA PROFIT/NON PROFIT CORPORATION

Aprils Floor Covering Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Corporate Filing Menu

Help

Electronic Filing Menu

H090000736333

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:

APRILS FLOOR COVERING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8615 SURF DRIVE #1 PANAMA CITY BEACH, FLORIDA 32408

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

500 COMMON SHARES AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT, SECRETARY, TREASURER APRIL ROBERTS 8615 SURF DRIVE #1 PANAMA CITY BEACH, FLORIDA 32408 SECRETARY OF STATE TALLAHASSEE, FLORID!

1009 MAR 30 PH 2: 17

H090000736333

PAGE 2 APRILS FLOOR COVERING INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

APRIL ROBERTS 8615 SURF DRIVE #1 PANAMA CITY BEACH, FLORIDA 32408

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

APRIL ROBERTS 8615 SURF DRIVE #1 PANAMA CITY BEACH, FLORIDA 32408

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.

APRIL ROBERTS / Registered Agent

Date

83/28/09

03

Date

2009 HAR 30 PH 2: 1
SECRETARY OF STATE
TALLAHASSEE, FI DOIS