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(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	o #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

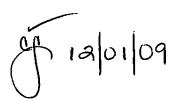


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SECRETARY OF STATE
OIVISION OF CORPIDRATIONS



#### **COVER LETTER**

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

SUBJECT: Pro	Wallcovering (PROPOSED CORPORA	Installati	on, Inc		
Enclosed are an orig	inal and one (1) copy of the art	icles 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		
rnova. A	Michael R. Pe Nam	ADDITIONAL CO	PPY REQUIRED		
	Nam 27980 Wis <b>60</b> 1				
_ (	Bonita Spring		<u> </u>	OIVISION OF C	FIL
	Daytime Daytime	Telephone number	notification)	ORPORATION  PM 2: 11	SE SEE

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

# ARTICLE I - NAME

The name of the corporation shall be:

SECRETARY OF STATE OIVISION OF CORPORATION 2009 NOV 30 PM 2: 11

PRO WALLCOVERING INSTALLATION, INC.

#### ARTICLE II - PRINCIPAL OFFICE

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

27980 Wisconsin Street Bonita Springs, FL 34135

#### ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

"Any and all lawful business"
Wallpaper Installation

#### **ARTICLE IV - SHARES**

The number of shares of stock is:

100

## ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific titles(s)

Michael R. Perry President 27980 Wisconsin Street Bonita Springs, FL 34135

# ARTICLE VII - REGISTERED AGENT

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

Michael R. Perry 27980 Wisconsin Street Bonita Springs, FL 34135

### **ARTICLE VIII - INCORPORATOR**

The name and address of the Incorporator is:

Michael R. Perry 27980 Wisconsin Street Bonita Springs, FL 34135

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.

Michael R. Remy
Signature/Registered Agent

Doto

-

Signature/Incorporator

Date