

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STATE
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COVER LETTER

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

SUBJECT:	QUALITY FLOORS PLUS INC (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
	(PROPOSED CORPOR	TIE NAME – <u>MOST INCL</u>	<u>ODE SUFFIA</u>)	
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	a check for:	
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:		G NICHOLS		
	Name (Printed or typed) 1850 SW MACKENZIE ST			
	Address			
	PORT ST LUCIE ,FL 34953 City, State & Zip			
	(772) 985-2482 Daytime Telephone number			
	erincoleman83@yahoo.com			
	E-mail address: (to be used for future annual report notification)			

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:

Quality Floors Plus Inc.

ARTICLE II PRINCIPAL OFFICE

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

1850 Sw Mackenzie St

Port St Lucie .FI 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To install laminate floor & carpet.

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 title(s):

Kraig Nichols President Mice-president Areasure 1850 sw mackenzie st Pod St Licia , Ff 34953 (772) 985-2482

ARTICLE VI REGISTERED AGENT

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

Kraig Nichols

1850 Sw Mackenzie st

Port St Lucie ,FI 34953

ARTICLE VII INCORPORATOR

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

Kraig Nichols

1850 Sw Mackenzie st

Port St Lucie ,FI 34953

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

Out of the Signature of the S

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