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(Requestor's Name)
(Address)
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(133.000)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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10 AUG -2 PM 3: 05 SECRETARY OF STATE FALLAHASSEE FLORIDA

MR8/5

COVER LETTER

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

SUBJECT: 0 L	imple Flooring	SC INC TENAME- <u>MUSTINCL</u>		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original and one (1) copy of the articles 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	
		ADDITIONAL COPY REQUIRED		
EPOM:	FRAUCISCO JAVI	FD VARAS		

Name (Printed or typed)

1121 E TWIGGS ST TAMPA F/. 33602

Address

07/19/2010 TAMPA FL. 33602

City, State & Zip

07/19/2010 C305) 720-6514

Daytime Telephone number

LETY NEDEU D HOTMAIL. 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)	mitte o o
	FILED
ARTICLE I NAME	of the same transport than the
The name of the corporation shall be:	10 AUG -2 PM 3: 05
. OLIM PIQ Flooring INC	
•	SECRETARY OF STATE JALLAHASSEE FLORIDA
ARTICLE II PRINCIPAL OFFICE	WELLINGOLL FLORIDA
The principal street address and mailing address, if different is:	
1121 E twiggs St	
Tampa F1 33602	
·	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
The purpose for which the corporation is organized is.	
and and all legal busine	es allowed by the
any and all legal busine state of Florida	J
ARTICLE IV SHARES	
The number of shares of stock is: /ooo	
η · · · · · · · · · · · · · · · · · · ·	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s) address(es) and specific title(s):	
List name(s), address(es) and specific title(s): FRANCISCO JA TAMPA. F1. 33602	VIER VARGAS
TAUDA F/ 23602	9
JAMPII. 17. 33002	
The name and Florida street address (R.O. Roy NOT accentable) of the rea	ictored agent is:
The name and Florida street address (P.O. Box NOT acceptable) of the reg	istered agent is.
1121 E TW1995 ST FRANCISCO JAVIER 1 TAMPA F1. 33602	VARGIAS
TAMPA F1. 3360C	_
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
1121 & TW1995 ST FRANCISCO JAVIET	7 ilazan
1121 E TW1995 ST FRANKISCO JAVIET TAMPA F1. 33602	Conicyas
, .	
*****************	********
Having been named as registered agent to accept service of process for the	
place designated in this certificate, I am familiar with and accept the app	oointment as registered agent and
agree to act in this capacity	
	27/1/12
A COUNTY WAY	01/19/10
Agent Agent	Date
TE South live	07/19/10
Signature/Incorporator	Date