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(Requ	estor's Name)	
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PICK-UP	WAIT	MAIL
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(24011	.ooo Emily Hall	,
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Charles Instructions to Fili	in a Office of	
Special Instructions to Fili	ng Oπicer:	
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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

COVER LETTER

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

SUBJECT:	Solution Inc TENAME-MUST INCLUDE SUFFIX	
Enclosed are an original and one (1) copy of the article \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
Name 1252 SU Homeste City, BOS- Daytime To	(Printed or typed) (Printed or typed) O DGH ST Address AHASSETTARY State & Zip State & Zip Block Company Tor future annual report notification)	

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

Miami Florida

November 12, 2010

Attention: Dept of Florida Corporations

My name is Raul G Palma and I'm the current owner of RP FLOOR SOLUTION INC, Tax id 593-82-4497 established in 09/28/2005, the intention for this letter is to advice that I will not be reinstating this corporation and I'm releasing the name to Raul Gabriel Palma in order to use and establish it as his new corporation. If you have any questions please don't hesitate to call me at 305-338-2793. Thank you very much for your time.

Sincerely,

Raul-G Palma

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpor	Tation shall be:	> Floor	Solution	The	
	PINCIPAL OFFICE Principal street address 35315W 20	<u>c184</u>		address, if different is: SW DC4 St STEAD FC 3303	<u></u>
ARTICLE III PU	RPOSE the corporation is organ	ized is:			
Any	and all lo	awrul b	s asvian		
ARTICLE IV SH The number of shares of	IARES f stock is:				
ARTICLE V IN	ITIAL OFFICERS AN	D/OR DIRECTORS			
Name and Title: Address:	Raul Qab 175719W HOME STEE	oriel fally	Name and Title:Address:	2000 NOV	_ _ _
Name and Title: Address:		1		TS A III	_ _ _
Name and Title:_ Address:			Name and Title:Address:	(F)	<u>-</u>
	GISTERED AGENT street address (P.O. Box		e registered agent is:		_
Address.	Home Stone	EC 33037.			
ARTICLE VII IN	CORPORATOR				
The <u>name and address</u> Name: Address:	of the Inscriporatoris: Faul Gal 125213W Homestrae	2G484	_		
Having been named a this certificate, I am fa	ndiar with and accept the	pt service of process fo appointment as registe	r the above stated corp red agent and agree to	/ /	
	Required Signature/Re	egistered Agent		11/12/10 Date	<u>リ</u>
I submit this documen document to the Depar	t and affirm that the fac ment of State constitutes	ts stated herein are tru	e. I am aware that the provided for in s.817.1	1 1	in a
- 7	Required Signature	/Incorporator		11/10/10 Date	<u>ク</u>