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COVER LETTER

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

SUBJECT: CASCANTE	FLOOVIN W TE NAME - MUST INCLUDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
FROM: MINOR (AS LANTE Name (Printed or typed)			
P.CB FL	32408 First		
Daytime T Minum Dena E-mail address: (to be used	elephone number 140 6 hot Mail. COM I for future annual report notification)		

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

I, Minor Cascante, will not revoke the dissolution of Cascante Flooring, Inc. Downent # P09000072120.

Minon Cascauto. 05-11-2011



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

The name of the corporation shall be: Cascante Flooring Inc.			
Principal street address 6201 NOW Lego - P.C.B. Flow	ess, if different is: The hope of h. Ida 32408		
ARTICLE III PURPOSE FL The purpose for which the corporation is organized is: any and all Lawful business			
ARTICLE IV SHARES The number of shares of stock is: /OO ARTICLE IV INITIAL OFFICIERS AND OR DIRECTORS			
Name and Title: Minor Cascarte - President Name and Title: Address: 6201 North Lagoon Dr. Address: Address: 6201 North Lagoon FL 32408			
Name and Title: GUADALUPE UALUEZ-VP. Name and Title: Address: 1312 paddock Club Dr peb FL 32407			
Name and Title: Address: Name and Title: Address:			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Minor Ca Scante 6201 North Lagon Or Grama City Beach, FL 32 408			
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: Winor Cascante 4201 North Lagonn Dr. Fanama City Keach FC 32408			
Having been named as registered agent to accept service of process for the above stated corporate this certificate, I am familiar with and accept the appointment as registered agent and agree to act in	ion at the place designated in n this capacity		
Required Signature/Registered Agent	05-11-20/1		
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
Minor Cascarte Required Signature/Incorporator	0G-((-20((