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(F	Requestor's Name)	
(/	Address)	·
(/	Address)	,
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
		<u>.</u>

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COVER LETTER

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

SUBJECT: Danata flooring Corporate NAME - MUST INCLUDE SUFFIX)		
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
FROM: Linda Hernand Name	(Printed or typed)	
6227 5. Dale	Mabry Hwy	
Tampa flog	State & Zip	
512-563-362 Daytime Te	elephone number	
^	I 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 N. The name of the corpo	AME ration shall be: Damata Flooring corp
	RINCIPAL OFFICE
M	Principal street address (227 5.1)a/c (227 3. Drie mabry abry Hwy, Tamps F) Hwy, Tamps F)
ARTICLE III PU	RPOSE SO TO THE STATE OF THE ST
The purpose for whic	h the corporation is organized is: To Install floors
ARTICLE IV SI The number of shares	GARES of stock is: "L Stocks ench Stock 50% SEE 5
	IITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Address:	Hartanen Florian Hwy, Tampa, Fl
Name and Title: Address:	Hux, Tamps, FL Name and Title: CELSO OLIVEIRA Hwx, Tamps, FL Hwy, Tampa, Fl
Name and Title: Address:	Name and Title: Address:
ARTICLE VI RI	EGISTERED AGENT
	a street address (P.O. Box NOT acceptable) of the registered agent is: Linda I. Hechande 2 6227 Si Dale Mabry Hwy Tamp, F)
	CORPORATOR
The <u>name and addres</u> Name: Address:	Linda Hemandez (227 S. Vale Mbry HWY) Tampa FI:
	as registered agent to accept service of process for the above stated corporation at the place designated in amiliar with and accept the appointment as registered agent and agree to act in this capacity
Linda	Required Signature/Registered Agent 6/27/11 Date
I submit this documed document to the Depa	nt and affirm that the facts stated herein are true. I am aware that the false information submitted in a rtment of State constitutes a third degree felony as provided for in s.817.155, F.S.
Linda	Required Signature/Incorporator 6/27/11 Date