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DIVISION OF CORPORATIONS

Ps MILLIS

COVER LETTER

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

SUBJECT:	TIFFANYS			
		TE NAME – <u>MUST INCLU</u>		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:		Printed or typed) Via Resu		
	Boa City,	State & Zip		 -
	954	– 709 – 42 g		
	GEEMANS F-mail address: (to be used	590 6MAIO	Com	

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	Town In The
The name of the corporation shall be:	IFFANYS FLOORING INC.
Principal street address	Mailing address, if different is:
BOLL RATON, FL	
BOLL X ATON FL	<i>33433</i>
RTICLE III PURPOSE	is: SALES OF FLOORING
he purpose for which the corporation is organized	is: JALES OF I LOOKING
· · · · · · · · · · · · · · · · · · ·	<u> </u>
	<u> </u>
	F
<u>></u>	
THE number of shares of stock is:	
the number of shares of stock is:	
RTICLE V INITIAL OFFICERS AND/O	OR DIRECTORS
Name and Title: Steven L.	See Name and Title:
Address 2010 VIA.	Resma Address:
SOEA KATA	ion, Fl. 92U23
Name and Title:	Name and Title:
Address	Address:
···	
•	
Name and Title:	Name and Title:
Address	Address:

Name and Title:	Name and Title:
Address	Address:
	· · · · · · · · · · · · · · · · · · ·
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box'NO	T acceptable) of the registered agent is:
Name: STEVEN L. G	<u>[ee</u> 3 \ \
	Resma EB 3
Bua KATE	<u>en, FL</u> 33433
ARTICLE VII INCORPORATOR	
The name and address of the incorporator is:	- 7 F
Name: OTEVEN L.	مراس م
Address: <u>6840 VIA</u> BOLA RATO	<u>Resma</u> n.FL 33433
Having been named as registered agent to accept ser	vice of process for the above stated corporation at the place designated in
this certificate, Tam familiar with and accept the appo	ointment as registered agent and agree to act in this capacity
Required Signature/Registe	
document to the Department of Supe constitutes of the	nied degree felony as provided for in \$.817.185, information submitted in a
	$\frac{2-7-13}{2}$
Reduced Stanature/Inco	orporator