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COVER LETTER

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

SUBJECT:	Preferred	Flooring	Systems,	Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,
J	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED

	Name (Printed or typed)
9376 Bal	m Riverview Rd
	Address
Riverviev	v, FL 33569
	City, State & Zip
813-677-	9005
	Daytime Telephone number

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 NAM The name of the corpora	E Preferred Flooring	g Systems, Inc.	
	NCIPAL OFFICE Principal street address OW Drive		dress, if different is:
ARTICLE III PUR. The purpose for which ti flooring coveri	POSE he corporation is organized is: NGS.	and Installation o	f commercial
The number of shares of ARTICLE V INIT	RES stock is: 100 TAL OFFICERS AND/OR DIRECTOR Patricia Milner, Director 4529 Pinehollow Drive Tampa, FL 33624	RS Name and Title: Address:	13 SEP 30 AH 10: 19 TABLAHASSEE, FLORIDA
Name and Title: Address		Address:	
Name and Title:		Address:	

Name a	nd Title:	Name and Title:
Addres		Address:
ARTICLE VI The <u>name and I</u>	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Julie Harte	
Address:	9376 Balm Riverview Rd	التناقب في المناقبة
	Riverview, FL 33569	
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	Julie Harte	9
Address:	9376 Balm Riverview Rd	
	Riverview, FL 33569	
	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
Que	e Harte.	09/20/2013
1	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
Julie	Haux Required Signature/Incorporator	09/20/2013
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