PH000037215

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DEPARTMENT OF S

COVER LETTER

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

SUBJECT: LDRESTER FLOORS, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Lawrence D	PESTER (Printed or typed)		
	13965 OC	Address	PAIC	
	Tall Hares City,			
***************************************	SSO 50. Daytime T	8 -3999 elephone number		
	L DEWATUE	RESTER E G	MATC GM	

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)

TICLE II PRIN	ICIPAL OFFI Principal <u>street</u>		·	Ma	iling address	, if different	is:	
13965	0450	48-TEL	Z C					
+all'AM	issee F	<u>-</u> 303	≥ 09					
TICLE III PURF			F=-(= 201		م میاره	4 - 0		
purpose for which th	e corporation i	s organized is: _	FLORE		Sorbe	te Tok	<u></u>	
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FICLE IV SHA	RES	/				7250	7	
FICLE IV SHAL number of shares of s	RES tock is:						14 KPR	
number of shares of s	tock is:	RS AND/OR 1	DIRECTORS				14 APR 28	**************************************
number of shares of s	IAL OFFICE	rs and/or i	Name	and Title:	NA		28 P	To the second se
number of shares of s	IAL OFFICE	rs and/or i	DIRECTORS Name Mark Mark (Addre	and Title:	NA		28	The state of the s
ricle v init PRes Name and Title	IAL OFFICE	rs and/or i	Name	and Title: ss:	NA	STATE OF THE STATE	28 P	on age
ricle v init PRes Name and Title	IAL OFFICE	RS AND/OR I	Name	and Title: ss:	NA	T. L. Victoria C. T. Company	28 P	The state of the s
ricle v init PR e5 Name and Title	IAL OFFICE LDRS (396.	RS AND/OR I	Name IAA HUI (Addre <u>32309</u>	ss:		STATE OF THE PARTY	28 FM12: 04	To the second se
rICLE V INIT PR e3 Name and Title:	IAL OFFICE LDRS 1396	RS AND/OR I	Name 24.6 **PAI (Addre \$2309 Name	ss: and Title:			28 FM12: 04	
ricle v init PR e5 Name and Title	IAL OFFICE LDRS 1396	RS AND/OR I	Name IAA HUI (Addre <u>32309</u>	ss: and Title:			28 FM12: 04	
rICLE V INIT PR e3 Name and Title:	IAL OFFICE LACK SGC TULLA	RS AND/OR I	Name Name Name Name Addre	ss: and Title: ss:			28 FM12:104	
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Name and Title: Address	IAL OFFICE	RS AND/OR I	Name Name Name Name Addre	ss: and Title: ss: and Title:			28 FM12: 04	

Name and Title:	Name and Title:
Address	Address:
	,
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:
Name: LORESTER	
Address: (SACS OU	S OSA TRATE
TAR TALLAGE	485ee FC 32309
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: L.D. RESTE	i.R.
Address: [3965 06) OSK TRAZ
tallahresee.	FC 32309
	service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
1	
Required Signature/Reg	istered Agent Date
I submit this document and affirm that the facts	stated herein are true. I am aware that the false information submitted in a third degree felony as provided for in s.817.155, F.S.
	28 At 22 2014
Required Signature/In	icorporator Date
	28
	14 APR 28 PM 12: