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(Requestor's Name) (Address) (Address)	000279079300				
(City/State/Zip/Phone #)	11/16/1501030017 **78.75				
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:					
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	Jul 30/15				

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I.

1.2 **COVER LETTER** Department of State New Filing Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 nc **SUBJECT:** (n)(PROPOSED CORPORATE N MU T INCLUDE SUFFIX Enclosed are an original and one (1) copy of the articles of incorporation and a check for: □ \$70.00 \$78.75 \$87.50 \$78.75 Filing Fee Filing Fee **Filing Fee** Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: _ limoth (Printed or type) ace 458 327 Z - 5 Davtime Telephone number Ĵ CON r (a) E-mail address: (to be used for future annual report notification) ന P¥ l: 40 NOTE: Please provide the original and one copy of the articles

	· · ·			
	ARTICLES OF INCO		.S. (Profit)	FILED 15 NOV 16 PH 1:40
ARTICLE I NAME The name of the corporation		ooring	, Inc	CONTRACTOR STATE
<u>ARTICLE II PRINCI</u> P	PAL OFFICE Principal <u>street</u> address	N	Mailing address, if	different is:
	L, FL 32792		······································	
	SE e corporation is organized is: <u>+0</u> <u>C</u>	perate	Floorin	g business.
			·	
ARTICLE IV SHARES	ock is:			
ARTICLE V INITIAL		-		
Address	4583 Whimbrel Pl Winter Park, FL. 3	Address: _		
-				
Name and Title:		Name and Title:	<u></u>	
Áddress _			• _ • • • • • • • • • • • • • • • • • •	
Name and Title:		Name and Title:	<u>+</u>	
Address _		_ Address:		
-		- ·		

, ι		
Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box f	NOT acceptable) of the registered agent is:	
Name: Timothy Nic		
Address: 4583 Whir	nbrel Pl.	ILED
Winter Park,	FL 32792	
ARTICLE VII INCORPORATOR		TATE TO
The name and address of the Incorporator is: Name: <u>TimoHy</u>	Jichols	

Address:

· · · · · · · · ·

4583 Whimbrel Pl. Winder Park, FL 32792

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

15 2015

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.

Required Signatu

11/5/2015 Date