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(Requestor's Name)

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PICK-UP

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MAIL

(Business Entity Name)

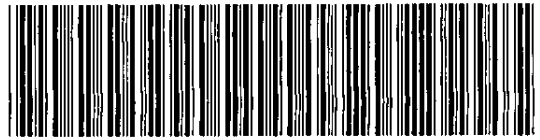
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16 MAY -3 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 03 2016

T SCHROEDER

COVER LETTER

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

SUBJECT: THE CARPET GUYS, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 COPY REQUIRED

FROM: _____
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

E-mail address: (to be used 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 NAME

The name of the corporation shall be: THE TALLY CARPET GUYS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2901 E PARK AVE STE 1100
TALLAHASSEE, FL 32301

Mailing address, if different is:
2901 E PARK AVE STE 1100
TALLAHASSEE, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FLOORING MAINTENANCE AND REPAIR AND ANY AND ALL
LAWFUL BUSINESS ALLOWED UNDER STATE LAWS.

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES MARLON BOWDEN, PRESIDENT

Address: 2901 E PARK AVE STE 1100
TALLAHASSEE, FL 32301

Name and Title: DAVID HODGE, VICE PRES.

Address: 2901 E APRK AVE STE 1100
TALLAHASSEE, FL 32301

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SHANNON ROSIER _____

Address: 1882 CAPITAL CIR NE, STE 102 _____

TALLAHASSEE, FL 32308 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHANNON ROSIER _____

Address: PO BOX 16375 _____

TALLAHASSEE, FL 32317 _____

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TALLAHASSEE, FLORIDA

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.)

Note: 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

04/26/2016

Date

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 Signature/Incorporator

04/26/2016

Date