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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (859)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION WESTSIDE FLOORING SERVICES CORP.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of WESTSIDE FLOORING SERVICES of Doc #

DISDOCOD 1486 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely.

LAZATO M ECHEVARRIA

H17000002528

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

WESTSIDE FLOORING SERVICES CORP. ARTICLE II PRINCIPAL OFFICE:

ARTICLE IV

| | The pr | incipal stre | et address | and mailing | address is: | |
|-------------------|--------|--------------|------------|-------------|-------------|------|
| $M^{\frac{1}{2}}$ | PO 80× | 7719~ | 13 N | hami | FL 3 | 3177 |
| P: | 13605 | SW | 149 | Ave | Unit | (0 |
| | | FL | , | | | |

| ARTICLE III | ŠHARES: The number of shares of stock is: | 100 |
|-------------|---|-----|
|-------------|---|-----|

INITIAL DIRECTORS AND/OR OFFICERS:

| LAZARO | M | ECHEVARRIA (| P) | |
|--------|---|--------------|----|-------|
| | | | | · · · |

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

| LAZARO | ME | CHEV | ARRIT | } | |
|--------|----|------|-------|--------------|----------|
| 13605 | SW | 149 | Ave | Unit | 0 |
| MIAM | | | | | <u> </u> |

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

| Lazaro M | ECHEVARRIA |
|----------|----------------|
| 13605 SW | 149 AVE Unit 6 |
| Migmi FL | |

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Required Signatures:

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

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.

Incorporator