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COVER LETTER

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

SUBJECT: Mr	r. Carpet of Volusia County, Inc.				
30B3EC1	(PROPOSED CORPO	DRATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the	articles of incorporation and	d a check for:		
■ \$70.0 Filing F	00 □ \$78.75 ce Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM		_			
	N	ame (Printed or typed)			
	552 South Spring Garden Avenue				
	Address				
	Del.and, Florida 32720				
	C	ity, State & Zip	-		
	(386) 736-2301				

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

bakerHincoln@gmail.com

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u> TICLE II — PRI</u>	NCIPAL OFFICE Principal <u>street</u> address	Mailing addre	. Mailing address, if different is:	
2 South Spring Ga	rden Avenue			
Land, Florida 327	20			
TICLE III PUR e purpose for which	POSE n the corporation is organized is:	l purpose.		
			18 A	
	of stock is:		APR 27 PH II	
Name and Ti	tle: Dennis Baker	Name and Title: President	(A)	
Address	3045 Lagoon Avenue		· · · · · · · · · · · · · · · · · · ·	
	Deltona FL 32738			
Name and Tit	le:	Name and Title:		
		A dalmaga.		
Address				
Address				
				

Name and Title:		Name and Title:	
Address		Address:	
			
			
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptal	alu) of the auditered arout in	
Name:	Dennis R. Baker	ore) of the registered agent is:	
Address:	552 South Spring Garden Avenue		
ridatess.	DeLand FL 32720		
			
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The <u>name and a</u>	ddress of the Incorporator is:		\(\tau_{\color=1}\)
Name:	Dennis R. Baker		NECK NECK
Address:	3045 Lagoon Avenue		APR 27
	Deltona FL 32738		्रिक्ट का स्थापन कर का स्थापन क स्थापन कर का स्थापन
ARTICLE VIII	EFFECTIVE DATE:		· - C·)
Effective date, if	other than the date of filing:	(OPTIONAL)	. ਹਾਂ
(If an effective of filing.)	late is listed, the date must be specific and c	annot be more than five days prior	or 90 days after the
Note: If the date	inserted in this block does not meet the applic	cable statutory filing requirements, th	is data will not be listed as
the document's e	ffective date on the Department of State's reco	ords.	is date will not be listed as
Havina kaan na	ned as registered grow to accept service of pr		
this certificate, I	am familian with addinaccept the appointment	ocess for the above stated corporations as registered agent and agree to act it	n at the place designated in n this capacity/
	XIIIV		4/23/18
	Required Signature/Registered Agent	1	Date
I submit this doc	ument and affirm that the facts stated herein	are true. I am aware that the false	information submitted in a
wichment to the	Department of State constitutes a third degree	jeiony as proviaca for in 8,817,155, 1	1//- 1/8
			4/25/10
Requi	red/Signatel/e/Incorporator		/ / Date / —