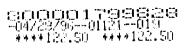
# D9600038759 TRANSMITTAL LETTER

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



SUBJECT: AdvANCE Floor CARE, INC.

(Proposed corporate name - must include suffix)



Stiling Fee	[ _ \$78.75 Filing Fee & Certificate	\$122.50 Filling Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate y Required
FROM:	STEPLE	A Plupe (printed or typed)	
	ह ०९	ox 6774고   Address	<u> </u>
		ty, State & Zip	32867
	(407)	478-428 Telephone number	9

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

#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business.

Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

AdvANCE Floor CARE, FAC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

WINTER SPRINGS, FL

PO Box 677921 ODLAMAO, FL 32867

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding it any one time is:

Out huk Demo

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

STEPHEN PLUDE 9151 TEIFER RUN ORLIAMAD, FL 32817

### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

STEPHEN PLUGE, PRESIDENT 9151 TELFOR RULL ORLAMBO, FL 32817

JEHL PLUDE, V. PRESIDENT 9151 TELFER RUN ORLAHAO, FL 32817

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

ast day of April 19 96.

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## REGISTERED AG ATTAREGISTERADO

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	Adva	1CE	Floor	CARE	الماد.		
2. The name and address of the registered agent and office is:								
	~~ I	. 3		0 .				

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

ORLANDO FL. 32817 (CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE) (DATE)