79600043392 TRANSMITTAL LETTER

Dopartment of State Division of Corporations P. O. Box 6327 Tallahossee, FL 32314 1.101010001113231210 -05/15/06--01119--020 ++++*初,卷 ******超,75

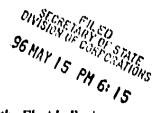
464688444

SUBJECT: WII	ACTIO	ON CARPET	T CARE,	INC.
Enclosed is an origina	l and one (1) co	py of the articles of	incorporation an	d a check
for: \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Cordified Copy Additional Copy	\$131.25 Filing Fee, Cerdfied Copy & Cerdficate	
FROM:	Chris- Name (opher J. printed or typed)	Gimino	SECRE DIVISION 96 HAY
		Orange Address atchec Flo 1, State & Zip	<u>Bivd</u> 3 <u>334</u> 70	FILED DARY OF SI DE CORFOR
	(407)	195-2854 Telephone number		σ

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

NO 5/21

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:

TWIIN ACTION CARPET CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

17852 Orange Blvd Loxahatchee, Fla 33470

ARTICLE III SHAKES

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

One.

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

Christopher J. Gimino 17852 Orange Blvd Loxahatchee, Fla 33470

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):

Christopher J. Gimino Pres, V.P., Sec, Treas. 17852 Orange Blvd Loxalatcher, Fla 33470

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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:	Twin	Act	ion	CARPE	T CARE,
2.	The name and address of the regist	tered agent and	office is:		····	
	Chris	stopher (NAME)	J. (Gimi	no	
	17852 (P.O. Box	Orange x or Mail Drop Box	BI	VC(PTABLE)		DIVISION SECTION
	Loxaha	tchee (CITY/STATI	Fla	334	70	SECRETER COR
н	aving been named as registered a	event and to a	ccept servi	ice of pro	cess for the	above Kaled
cc ag re	prporation at the place designated in gent and agree to act in this capacit lating to the proper and complete po- bligations of my position as register	n this certificate ty. I further ago erformance of n	, I hereby (ree to comp	accept the ply with th	appointment e provisions (as registered of all statutes

Liminer 5/8/96