

TRANSMITTAL LETTER

[illegible]

(Proposed corporate name - must include suffix)

Additional Copy Required

SECRETARY OF STATE
TALLAHASSEE FLORIDA

GB 6/21/96

ARTICLES OF INCORPORATION

FILED

96 JUN 20 AM 9:37

SECRETARY OF STATE
FLORIDA

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:

EMPIRE CARPET & CLEANING, INC.

ARTICLE II PRINCIPAL OFFICE

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

1260 NW 20TH AVE. CB 112
DELRAY BEACH, FL. 33445

ARTICLE III SHARES

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

100 ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SALVATORE SETTEMBRE
1260 NW 20TH AVE. CB 112
DELRAY BEACH, FL. 33445

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):

SALVATORE SETTEMBRE
1260 NW 20TH AVE. CB 112
DELRAY BEACH, FL. 33445

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

12 day of JUNE, 19 96.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

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: EMPIRE CARPET & UPHOLSTERY CLEANING, INC.

2. The name and address of the registered agent and office is:

SALVATORE SETTEMBRE

(NAME)

1260 NW 20TH AVE. CB 112

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

DELRAY BEACH, FL. 33445

(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)

6/12/96

(DATE)

TITLE - OWNER/PRESIDENT

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314