P960RANMITAL DETENOSIO

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

4 000001 965054 -10/04/96--01037--015 ****191.25 ****131.25

SUBJECT: Pace Floor Covering of Seminde Cty
(Proposed corporate name - must include suffix)

Enclosed is an original	l and one (1) co	py of the articles o	f Incorporation E	
for : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Cerdified Copy & Cerdificate y Required	W96-21362
FROM:	HENRY R. Pace. Name sprinted or typed)			
	1255	Belle: Ave, &	<u> Scrite 129</u>	
	Winter	Spas, Fa	3278	
	(407)	695-025	5	

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

Daytime Telephone number



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Octobor 9, 1996

HENRY R. PACE 1255 BELLE AVE., SUITE 129 WINTER SPRINGS, FL 32708

SUBJECT: PACE FLOOR COVERING OF SEMINOLE COUNTY

Ref. Number: W96000021362

We have received your document for PACE FLOOR COVERING OF SEMINOLE COUNTY and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must be identical throughout the document.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6927.

Kathy Hyman Document Specialist

Letter Number: 996A00046046

I have placed (Inc.) through out the file. Thank you for you help in returning this back to us ASAP Joyne Pare

I have i closed a pre pard excelope to express

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.

The name of the corporation shall be: Pace Floor Covering of Seminde County Inc.

ARTICLE II PRINCIPAL OFFICE

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

1255 Belle Ave, suite 129 Winter Springs, Florida 32708

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares \$1.00 por value

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Henry Robert Pace 3008 Harbour Ldg Way Casselberry, Fl 32707

FILING FEE: \$70.00

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);

Heney R. Pace 3008 Harbour Londing Way Casselberry Florida (President, Greasure)

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

2 day of October, 1996.

(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:	Pace Floor Covering of Seminde Ct
2.	The name and address of the reg	istered agent and office is:
	Henry	R. Pace
	3008 4/6	ox or Mail Drop Box NOT ACCEPTABLE)
	Cassel	berry FL 3270)

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) 10-2-96 (DATE)

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