## Department of State

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

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Complete Carpet Care, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee \$78.75

Filing Fee

& Certificate

\$122.50

Filing Fee

& Certified Copy

\$131.25

Filing Fee,

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Jerlyn L. Linder, Pres.
Name (Printed or typed)

615 Dak Park Circle

Merritt Island, Florida 32953 City, State & Zip

(407) 452-5729

Daytime Telephone number

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:

Complete Carpet Care, Inc.

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ARTICLE II PRINCIPAL OFFICE

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

615 Oak Park Circle Merritt Island, Forida 32953

ARTICLE III SHARES

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

one hundred (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jerlyn L. Linder, Pres. 615 Dak Park Circle Merritt Island, Rorida 32053

## 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):

Jerlyn L. Linder, Pies. 615 Cak Park Circle Merritt Island, Fzorida 32953

The undersigned incorporator(s) has(have) executed these Articles of Incorporation the	ni
3 day of March, 1997.	
(An additional article must be added if an effective date is requested.)	
Gerlyn L. Linder Pres. Signature	
Signature	

Notarization is not required

Signature

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 th	e corporation is Complete Carpet Care, Inc	c·	•
2. The name and	address of the registered agent and office is:		•
	Jerlyn L. Linder, Pres.	97 MAR SECNO SALLAR	5-6
	615 Cak Park Circle	1AR -4 ARASS	
	(P. O. Box or Mail Drop Box NOT ACCEPTABLE)  Merritt Island, Fronda 32953	E E BO F PH 9:	- 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
	(CITY/STATE/ZIP)	- 全年 - "	

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.

Jorlyn ( Linder, Pas. March 3, 1997 (BIONATEURE) (DATE)