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TĂLLĂHADULLI LORIDA

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

900002258609--4 -08/05/97--01094--009 *****78.75 *****78.75

SUBJECT: (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

2037 Conformation Address

PH :: 1,2

850 878-4843 Daytime Telephone number

white

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

ARTICLES OF INCORPORATION

FILED 57 A10 -5 FII 1: 117

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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ARTICLE I	VA	ME
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The name of the corporation shall be:

ARTISTIC HANDWOOD FLOORING Co.

ARTICLE II PRINCIPAL OFFICE

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

2037 LONGUIEN DR. TALLAHADSEE, FL 32307

ARTICLE III __ SHARES

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

NO NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JEREMY B. SULZUAN ZO37 LONGUZEN DR. TAHAHASSEE, FL 32303 ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JEREMY B. SULTUAN 2037 LONGUZEM DR. TALAHASSCE, FC 32303

Signature/Incorporator

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

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 Registered Agent

8 4 9 Date