P97000469721

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

SUBJECT:	(Proposed corpor	ate name - must include suf	ffix)	_ .
		:	100002542 -06/01/38- *****78.75	-01120012
Enclosed is an original	and one(1) copy of the articles	of incorporation and a	check for :	ī
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: _E	Pleiman & Company, PA Name (Pr	Thomas C. Pleiman, inted or typed)	Jr.	# · · · ·
9149 Golfside Dr., Suite 1 Address				
ن	Jacksonville, FL 3 City,	2256 State & Zip	HASSEE	JUN -1 PM 2: 59
ــ	(904) 448–5005 Daytime T	elephone number	FĽÖRIDA	2: 59



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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

W.A.M. Wallcovering and More, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1104 Nira St. Jacksonville, FL 32207

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Pleiman & Compnay, PA Thomas C. Pleiman, Jr. 9140 Golfside Dr., Suite 1

Jacksonville, FL 32256

ARTICLE V INCORPORATOR

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

Pleiman & Compnay, PA Thomas C. Pleiman, Jr. 9140 Golfside Dr., Suite 1 Jacksonville, FL 32256

Signature/Incorporator

5/29/98

Date

(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

Date