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

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| SUBJECT: | FLOOR - A - (Proposed corpo | MEDIC, INC | ffix) | |
|-------------------------|------------------------------------|--------------------------------|---|----------------------|
| | nd one(1) copy of the article | | | 1 |
| □ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate | Filing Fee & Certified Copy | ☐ \$131.25 Filing Fee, Certified Copy & Certificate | |
| FROM: | AARON C. | PAIBYL Printed or typed) | PY REQUIRED | |
| | 1141 8.W. 1 DAVIE, FL City, | · | | DIVISION OF CORPORAT |
| | (954) 47 | 'L- 4299 | - - | OR AT |

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

Daytime Telephone number

2ª 5

ARTICLES OF INCORPORATION

OF

FLOOR-A-MEDIC, INC.

The undersigned subscriber to these Articles of Incorporation,
a natural person competent to contract, hereby forms a corporation
under the laws of the State of Florida.



ARTICLE I. NAME

The name of the corporation shall be:

FLOOR-A-MEDIC, INC.

The principal place of business of this corporation shall be 1141 SW 107 WAY, DAVIE, FL 33324.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,500 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV. ADDRESS

corporation shall be 1141 SW 107 WAY, DAVIE, FL 33324, and the name of the initial registered agent of the corporation at that address is AARON C. PRIBYL. ARTICLE V. TERM OF EXISTENCE This corporation is to exist perpetually. ARTICLE VI. PREEMPTIVE RIGHTS Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class, or series as that which he already holds, shall have the right to purchase his pro rata share thereof at the price which it is offered to others. **ARTICLE VII. SPECIAL PROVISION** It is the intent of the incorporator that the corporation will qualify under Section 1244 of the Internal Revenue Code and that the corporation will file a Subchapter S corporation. ARTICLE VIII. OFFICERS AND DIRECTORS This corporation shall have ONE officer and ONE director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed are: AARON C. PRIBYL Dir/Pres./Secy/Treasurer 1141 SW 107 WAY **DAVIE, FL 33324**

ARTICLE IX. SUBSCRIBERS

| The name and street addresses of the subscriber to these Articles | - |
|---|---------------|
| of Incorporation is: | : |
| AARON C. PRIBYL 1141 SW 107 WAY DAVIE, FL 33324 | - |
| IN WITNESS WHEREOF, the undersigned has hereto set his hand ar | ıd . |
| seal on this 31 day of Thaxary, 1999. | |
| | _ |
| | _ |
| STATE OF FURIDA | = |
| COUNTY OF BROWARD | |
| The foregoing instrument was acknowledged before me this | <u>.</u> : |
| 31 day of JANUAR, 1999, by AARON PRIBL | - |
| Notary Public, State of POP (7) at Large | |
| OFFICIAL NOTARY SEAL CHERI J PRIBYL My Commission Expires: NOTARY PUBLIC STATE OF FLORIDA | - |

COMMISSION NO. CC695191 MY COMMISSION EXP. NOV. 9,2001

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

| IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED: | | | | |
|--|-------------------------------|--|--|--|
| FIRST THAT FLOOR - A - MEDIC, INC. (NAME OF CORPORATION) | | | | |
| DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE | | | | |
| OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF | | | | |
| DAVIE (CITY) | = | | | |
| STATE OF FLORING, HAS NAMED AARON C. PRIBY (STATE) (NAME OF REGISTERED A LOCATED AT 1/41 S.M. 107 WAY (STREET ADDRESS AND NUMBER OF BUILDING, POST OFFICE BOX ADDRESSES ARE NOT ACCEPTABLE) | , L_ AGENT) - - - | | | |
| CITY OF, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA. | - | | | |
| SIGNATURE SUM Chile DIVILER DATE 1/31/99 | - - - - | | | |

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT FOR SAID CORPORATION.

SIGNATURE <u>Saun Chf</u>

DATE 1/31/99