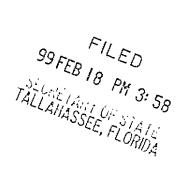
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TRANSMITTAL LETTER

Department of State Division of Corporations P.O. BOX 6327 Tallahassee, FL 32314 Department of State 2000027793221 -02/18/99-01056-007	
*****122.50 *****78.75	
Professional Custom Floors, Inc.	
(Proposed corporate name)	
Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$	
Professional Custom Floors, Inc.	
Name (printed or typed)	-
Address PEB T	
Miramar, Florida 33029	
City, State & Zip Code	
(954) 430-7335	
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:

Professional Custom Floors, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2903 SW 174th Avenue Miramar, Florida 33029

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 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose A Echavarria 2903 SW 174th Avenue Miramar, Florida 33029

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Jose A Echavarria 2903 SW 174th Avenue Miramar, Fl. 33029 President/Secretary

Marlen Rey Echavarria 2903 SW 174th Avenue Miaramar, Fl. 33029 Vice-President/Treasurer

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 16 day of 750 day

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF STALL ANASSE STALLANASSE STALLANASSE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATES, 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.

L.	The	name	of	the	corp	orat	ion		ofessi	onal Cu	stom F	loors,	Inc.
										SW 174 ar, Fl			
		٠		•			-	- 					
2.	The	name	and	l add	iress	of	the	regi	stered	agent	and o	ffice	is:
									Jose	A Ech	avarri	a ·	
								. —		(Name	e)		
									2903	SW 17	4th Av	enue	
							(P.C). Box	x or Ma	il Drop	NOT a	cceptal	ole)
									Mira	amar, 1	Fl. 33	029	
	-	-				-				(City,	/State	/Zip)	

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 perfomance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jose Schwarie For 16, 1999
(SIGNITURE) (DATE)

DIVISION OF CORPORATIONS, P.O.BOX 6327, TALLAHASSEE, FL 23214