## P99000036824

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

SUBJECT:	BAKER Wall (Proposed corpor	Covering IN rate name - must include suf	fix)				
		2	00002844 -04/20/990 *****87.50	722 1931008 *****87.50			
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a c	heck for:				
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL COI	_				
FROM:		2-BAKER inted or typed)	SECRETAR SECRETAR	TILED 2: 16			
1a26 mt. Vernon St-							
	Orlando, 41, 32803-5418						
	Daytime Te	894-3574 lephone number	<del>=</del>	 <u>-</u> :			

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.

<u>ARTICLE I</u>	NAME
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The name of the corporation shall be:

BAKER Wallcovering, INC.

PRINCIPAL OFFICE

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

1226 mt. Vernon St. Orlando, 71. 32803=5418

## ARTICLE III SHARES

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

(one)

ARTICLE	W	INITIAL	REGISTERED	AGENT	AND	STREET	ADDDFCC
774	<i>-</i>				T	~ ~ ~ ~ ~ ~ .	awaredo

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

USS. PRIMROSE DR.

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

James R. BAKER 1226 Mt. Vernon St. Orlando, 42-32803-5418

Signature/Incorporator

(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