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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECKLIARY OF STATE TALLAHASSEE, FLORIDA

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SUBJECT:

GREAT FLOORS! - CITRUS, INC.

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

SPRING HILL, FL. 34606

(352) 596-3616

(Proposed corporate name - must include suffix)

Filing Fee Filing Fee & Certificate of St.	Filing Fee Filing Fee, atus & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: D. A. MELK	ONIAN Name (Printed or typed)
8229 PAGOD	A DRIVE Address

City, State & Zip

Daytime Telephone number

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

BH 10/8/55

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ARTICLES OF INCORPORATION	FILED
The undersigned incorporator, for the purpose of forming a corporation under the Business Corporation Act, hereby adopts the following Articles of Incorporation.	• •
ARTICLE I NAME The name of the corporation shall be:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
GREAT FLOORS!, - CITRUS, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall	be:
6410 U.S. HIGHWAY 19 S. HOMOSASSA SPRINGS, FL. 34447	
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have our	tstanding at any one time is:
1000	
ARTICLE IV INITIAL REGISTERED AGENT AND STREE The name and Florida street address of the initial registered agent are:	T ADDRESS
D. A. MELKONIAN 8229 PAGODA DRIVE SPRING HILL, FL 34606 <u>ARTICLE V INCORPORATOR</u>	
The name and address of the incorporator to these Articles of Incorporation	n are:
D.A.MELKONIAN 8229 PAGODA DRIVE SPRING HILL, FL 34606	
20 10/	3/99
Signature/Incorporator	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