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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327

Tallahassee, FL 32314

SUBJECT: <u>Certified Professional Carpet Careine</u>
(Proposed corporate name - must include suffix)

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

\$70.00 Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75

Filing Fee & Certified Copy \$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: DAVIEL Eric HAMILTON

Name (Printed or typed)

4126 Inverrary #2708

FT. Lauderdale Fl 33319

(954) 733 -0322

00003024170--7 -10/25/99--01114--008 ******78.75 ******79.75

Daytime Telephone number

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.

The name of the corporation shall be:	fied Professional Carpet Care
	The state of the factor of the
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of 4126 Invertary #	of this corporation shall be: 2708 FT. Lauderdale, Fl. 33319
ARTICLE III SHARES The number of shares of stock that this corporation is	s authorized to have outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED A	GENT AND STREET ADDRESS
DANIEL HAMILTON	stered agent are:
4126 Inverrary 2708	Ft. Lauderdale, Fl. 33319
ARTICLE V INCORPORATOR	•
The <u>name and address</u> of the incorporator to these A	articles of Incorporation are:
DANIEL HAMILITAN	·
4126 Inverrary #2708	FT. Lauderdole, Fl. 33319
Paniel Hamilton	10-20-99
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 AHASSEE, FLOR