

P03000086962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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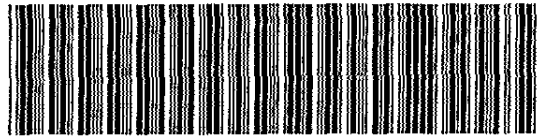
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

41.8/8

TRANSMITTAL LETTER

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

SUBJECT: MAJESTIC TILE & MARBLE INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: WILLIAM DE LA RUA
Name (Printed or typed)

271 EVERGLADES BLVD N.
Address

NAPLES, FLORIDA 34120
City, State & Zip

239-293-5762
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MAJESTIC TILE & MARBLE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

271 EVERGLADES BLVD N. NAPLES, FLORIDA 34120

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FLOORING SALES AND INSTALLATION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

WILLIAM DE LA RUA 271 EVERGLADES BLVD N. NAPLES, FLORIDA 34120 PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

WILLIAM DE LA RUA 271 EVERGLADES BLVD N. NAPLES, FLORIDA 34120

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM DE LA RUA 271 EVERGLADES BLVD N. NAPLES, FLORIDA 34120

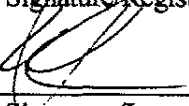
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA