

P04000043249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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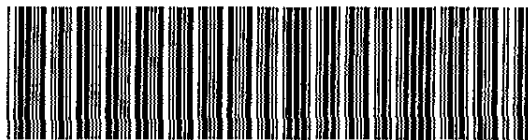
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: LILIANA PEREZ TROPICAL TILE, 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: LILIANA PEREZ
Name (Printed or typed)

12-C Viking DR. N.W.
Address

FORT WALTON BEACH, FL 32548
City, State & Zip

(850) 685-6334
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:

LILIANA PEREZ TROPICAL TILE, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12-C Viking DR. N.W.
FORT WALTON BEACH, FL 32548

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CERAMIC, PORCELAIN, MARBLE TILE INSTALLATION

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LILIANA PEREZ - PRESIDENT
CARLOS PEREZ - CHIEF FINANCIAL OFFICER
12-C Viking DR. N.W.
FORT WALTON BEACH, FL 32548

ARTICLE VI REGISTERED AGENT

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

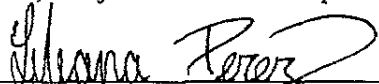
LILIANA PEREZ
12-C Viking DR. N.W.
FORT WALTON BEACH, FL 32548

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

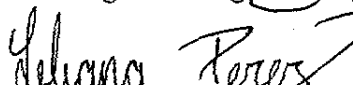
LILIANA PEREZ
12-C Viking DR. N.W.
FORT WALTON BEACH, FL 32548

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

Liliana Perez

02-24-04
Date


Signature/Incorporator

Liliana Perez

02-24-04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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