

TRANSMITTAL LETTER

P000049759

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

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-05/15/00-01115-011
*****78.75 *****78.75

SUBJECT:

TILE DISTRIBUTION CENTER INC

(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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

JOHN MIGLIACCIO

Name (Printed or typed)

1861 N POWELL LINE RD

Address

POMEROY BEACH FL 33069

City, State & Zip

954-960-1678

Daytime Telephone number

[Handwritten signature]
5/19

FILED
00 MAY 15 PM 2:12
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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.

ARTICLE I NAME

The name of the corporation shall be:

FILE DISTRIBUTION CENTER INC

ARTICLE II PRINCIPAL OFFICE

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

1861 N. POWELL LINE RD

POMPANO BEACH FL 33069

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOHN MIGLIACCIO

1861 N POWELL LINE RD

POMPANO BEACH FL 33069

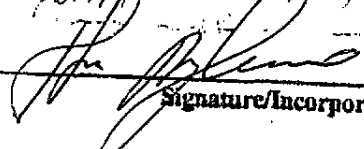
ARTICLE V INCORPORATOR

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

JOHN MIGLIACCIO

1861 N POWELL LINE RD

POMPANO BEACH FL 33069


Signature/Incorporator

5/13/00
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

5/13/00
Date

FILED
00 MAY 15 PM 2:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA