

TRANSMITTAL LETTER

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FILED

00 JUL -5 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****78.75 *****78.75

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

SUBJECT: ARIAS TILES INSTALLATION, CORP.
(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: Domingo Hernandez
Name (Printed or typed)

14803 N W 87th Place
Address

Hialeah, Fl. 33018-1396
City, State & Zip

305-885-6953
Daytime Telephone number

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

D. BROWN JUL - 7 2000

ARTICLES OF INCORPORATION

OF

ARIAS TILES INSTALLATION, CORP.
1230 W. 54th St., # A-327, Hialeah, Fl., 33012

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ARIAS TILES INSTALLATION, CORP.

The principal place of business of this corporation shall be:

1230 West 54th St., A-327
Hialeah, Fl. 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

500 Shares \$1.00 Par Value each share

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

Gabriel B. Arias 1230 West 54th St., # A-327
Hialeah, Fl. 33012


ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these articles of incorporation is(are):

Gabriel B. Arias 1230 West 54th St., # A-327
Hialeah, Fl. 33012

IN WITNESS WHEREOF, the undersigned incorporator(s) has have executed these Articles of Incorporation this 29th day of June, ~~19~~ 2000

Signature(s) of Incorporator(s)



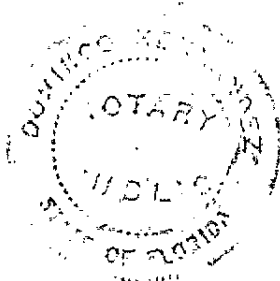
Gabriel B. Arias

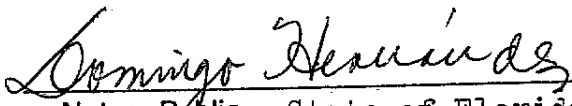
STATE OF FLORIDA
COUNTY OF MIAMI-DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 29th day of June, ~~19~~ 2000, by Gabriel B. Arias
(Name of Incorporator)

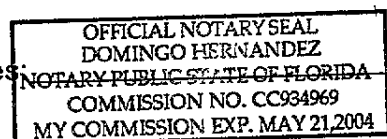
of ARIAS TILES INSTALLATION, CORP.
(Name of Corporation)

(SEAL)




Notary Public State of Florida

My Commission Expires:



ARTICLES OF INCORPORATION FILING FEE:

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: ARIAS TILES INSTALLATION, CORP.

2. The name and address of the registered agent and office is:

Gabriel B. Arias

1230 West 54th St., # A-327

(P. O. BOX NOT ACCEPTABLE)

HIALEAH, FL., 33012

(CITY/STATE/ZIP)

SIGNATURE

Gabriel B. Arias (Corporate Officer)

TITLE President-Secretary

DATE June 29, 2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

Gabriel B. Arias (Registered Agent)

DATE June 29, 2000

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT FILING FEE: _____