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TRANSMITTAL LETTER

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

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-12/11/00--01121--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: **BETTER LIVING MARBLE & GRANITE, INC**

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

\_\_\_\_\_ \$70.00 Filing Fee

\_\_\_X\_\_\_ \$78.75 Filing Fee & Certificate

FROM: **DIAN M EDWARDS**

\_\_\_\_\_  
2033 PINE RIDGE ROAD, #3

\_\_\_\_\_  
NAPLES, FL 34109

\_\_\_\_\_  
941-591-3646

FILED  
00 DEC 11 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## 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: *BETTER LIVING MARBLE & GRANITE, INC*

### ARTICLE II PRINCIPAL OFFICE

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

*2033 PINE RIDGE ROAD, #3  
NAPLES, FL 34109*

### ARTICLE III SHARES

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

*ONE HUNDRED SHARES (100)*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*DIAN M EDWARDS  
2033 PINE RIDGE ROAD, #3  
NAPLES, FL 34109*

### ARTICLE V INCORPORATOR

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

*REINALDO RICARDO  
2033 PINE RIDGE ROAD, #3  
NAPLES, FL 34109*

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

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