TRANSMITTAL LETTER

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

SUBJECT:	BOBBY D' TILE, INC.			
	(Proposed corpor	ate name - must include sul	ffix)	
		80	OOO3509 -12/20/000 *****78.75	63636355 1061014
Enclosed is an origina	l and one(1) copy of the articles	s of incorporation and a	check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	ROBERT D'ANTONIO			
Name (Printed or typed)				
	PO BOX 430330	ddress	TALLAHA	FII 00 DEC 20
	BIG PINE KEY, FL	33043 State & Zip	ASSEE,	· • • • • • • • • • • • • • • • • • • •
	305-304-0724	elephone number	FLORIDA	AM 8: 14

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

The name of the corporation shall be:

BOBBY D' TILE, INC.

PRINCIPAL OFFICE

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

Mailing Address:

PO Box 430330

Place of Business:

Big Pine Key, FL 33043

SHARES

30262 Poinsiana Road Big Pine Key, Fl 33043

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

Five Hundred Shares (500)

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ROBERT D'ANTONIO 30262 POINSIANA ROAD BIG PINE EY, FL 33043

INCORPORATOR

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

ROBERT D'ANTONIO

30362 POINSIANA ROAD

BIG PINE KEX

Signature/Incorporator

(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 project and complete performance of my duties, and I am familiar with and accept the

Signature/Registered Agent