



02000103962

September 14, 2006

TIFFANY
CONSTRUCTION
INCORPORATED

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

2951 WEST BROWARD BLVD.
FT. LAUDERDALE, FL 33312

PHONE: 954 • 584 • 3352
FAX: 954 • 584 • 3336

M/WBE CERTIFIED
CGC1504999

Re: Name Change

To Whom It May Concern:

I am a corporate officer and registered agent of a Florida Corporation. I have recently married and changed my name. I was advised by the help desk to send a letter requesting that my name be changed. Should you have any questions regarding this request please feel free to contact me.

Regards,

Tiffany Noland

Tiffany Noland
President

900079992479

06 SEP 18 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

t. Roberts SEP 20 2006

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

SEP 07 2006

DATE RETURNED:

RECORDED: BOOK 357 PAGE 3343

HOWARD C. FORMAN , CLERK OF COURT

BY J.F...., DEPUTY CLERK

ML-WE-06-002304

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) ROBERT BURRIS NOLAND, II			2. DATE OF BIRTH (Month, Day, Year) JUN 12, 1968		
3a. RESIDENCE - CITY, TOWN, OR LOCATION DAVIE		3b. COUNTY BROWARD		3c. STATE FLORIDA	
5a. BRIDE'S NAME (First, Middle, Last) TIFFANY MICHELLE BURSON			5b. MAIDEN SURNAME (if different) BURSON		
7a. RESIDENCE - CITY, TOWN, OR LOCATION DAVIE		7b. COUNTY BROWARD		7c. STATE FLORIDA	
			6. DATE OF BIRTH (Month, Day, Year) MAY 27, 1972		
			8. BIRTHPLACE (State or Foreign Country) OHIO		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) 		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) AUG 01, 2006	
11. TITLE OF OFFICIAL DEPUTY CLERK JOANNA OJEDA		12. SIGNATURE OF OFFICIAL (Use black ink) 	
13. SIGNATURE OF BRIDE (Sign full name using black ink) 		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) AUG 01, 2006	
15. TITLE OF OFFICIAL DEPUTY CLERK JOANNA OJEDA		16. SIGNATURE OF OFFICIAL (Use black ink) 	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

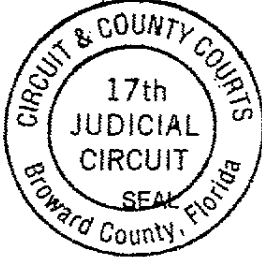
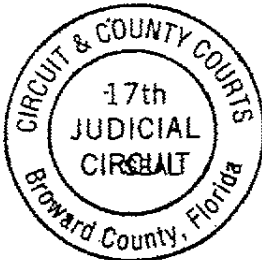
17. COUNTY ISSUING LICENSE BROWARD		18. DATE LICENSE ISSUED AUG 01, 2006		18a. DATE LICENSE EFFECTIVE AUG 04, 2006		19. EXPIRATION DATE OCT 02, 2006	
20a. SIGNATURE OF COURT CLERK OR JUDGE 				20b. TITLE DEPUTY CLERK JOANNA OJEDA		20c. BY D.C.	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) AUGUST 12, 2006		22. CITY, TOWN, OR LOCATION OF MARRIAGE DAVIE	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 		23c. ADDRESS (Of person performing ceremony) 9170 W. STATE ROAD 84, DAVIE FL 33424	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Marc J. Emery Commission # DD285862 Expires March 9, 2008 Bonded Troy Fair Insurance, Inc. 800-385-7019		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <input checked="" type="checkbox"/>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <input checked="" type="checkbox"/>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED



SEAL