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TRANSMITTAL LETTER

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

SUBJECT:		PRISES, INC. TE NAME - <u>MUST INCL</u>	ude suffix)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Name	ILE MENDES (Printed or typed)	,
- -	POMPANO BEA	ACH, FL. 33064 State & Zip	330_2008

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

Daytime Telephone number



Secretary of State

December 4, 2002

GRESIZILE MENDES 4504 NW 3RD AVENUE POMPANO BEACH, FL 33064

SUBJECT: EGM ENTERPRISES, INC.

Ref. Number: W02000034099

We have received your document for EGM ENTERPRISES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2003 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Letter Number: 702A00064480

Valerie Ingram Document Specialist New Filing Section

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ED

ARTICLE I MAME

The name of the corporation shall be:

Secret TILE Histollation INC.

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DELINE MANY UF STATE TALLAHASSEE. FLORIDA

ARTICLE II ININCIPAL OFFICE

The principal place of business/mailing address is:

4504 NW 3RD AVENUE POMPANO BEACH, FL. 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TILE INSTALLATION, SALES AND RELATED SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

(500) FIVE HUNDRED SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

EDER F.MENDES, PRESIDENT GRESIZILE MENDES SECRETARY 4504 NW 3RD AVENUE POMPANO BEACH, FL. 33064

ARTICLE VI RI CISTERED AGENT

The name and Florida street address of the registered agent is:

GRESIZILE MENDES 4504 NW 3RD AVENUE POMPANO BEACH, FL. 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GRESIZILE MENDES 4504 NW 3RD AVENUE POMPANO BEACH, FL. 33064

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familier with wm! accept the appointment as registered agent and agree to act in this capacity

NOVEMBER 26,2002

Date

NOVEMBER 26,2002

Date

Signature Incorporator