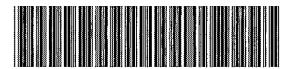
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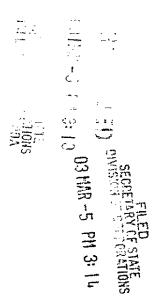
(Requestor's Name)				
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(Address)				
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PICK-UP WAIT MAIL				
2.3				
(Business Entity Name)				
(Document Number)				
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TRANSMITTAL LETTER

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

SUBJECT: TILE TILLSIONS TO THE (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed is an origin \$70.00 Filing Fee	al and one(1) copy of the articl ☐ \$78.75 Filing Fee & Certificate of Status	sof incorporation and a \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: FOULD W DICKERS Name (Printed or typed) 142 Sunflower Rd. Address				
	(850) U	71 - 4212 elephone number	· · · · · · · · · · · · · · · · · · ·	

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: TITE TITUSIONS -ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: UR POUT ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Floyd w. Dicters where age REGISTERED AGENT The name and Florida street address of the registered agent is: ILIZ Surflower Pd Tall FT. 32305 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 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 familiar with and accept the appointment as registered agent and agree to act in this capacity

ARTICLES OF INCORPORATION

Signature/Incorporator