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03 SEP -9 PH 12: 57
SECRETARY (F STATE TALL AHASSEF FI DRIO)

TRANSMITTAL LETTER

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

SUBJECT:	Expert Tile (Proposed corpor	Remodelli rate name - must include suf	tix) INC
Enclosed is an origin	nal and one(1) copy of the article	s of incorporation and a c	heck for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: Bruce W. Wiggins Name (Printed or typed)			
	PO BOX 24	OSS Address	
	Jacksonville City,	e, Florida State & Zip	32241
	0.01.0		

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.

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SECRETARY UT STATE

ARTICLE I NAME

ARTICLE II

The name of the corporation shall be:

ExpertTile & Remodeling, Inc.

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
The principal place of business and mailing address of this corporation shall be: POBOX 24058 Jax, Fl. 32241 (Mailing) 1545 Lee Rd Jax, Fl. 32259 (Physical)
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS. The name and Florida street address of the initial registered agent are: Bruce W. Wiggins 1545 Lee Rd. Jak. Fl. 32241
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:
Bruce W. Wiggins 1545 Lee Rd Jak., Fl. 322 (Mailing: POBOX24058 Jak., Pl. 3224
Signature/incorporator 9-8-03 Date
, and the second

(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