

PO3000111109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

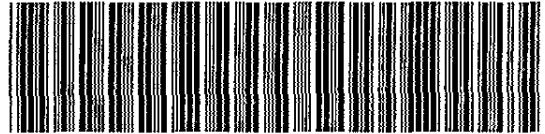
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RECEIVED  
03 OCT -8 PM 3:02  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
FILED  
03 OCT -8 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CO-2-03  
10-2-03

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

Jeffrey M. Bailey Tile INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Jeffrey M. Bailey  
Name (Printed or typed)

3424 O. DST Augustine Rd # 5  
Address

Tallahassee, FL 32311  
City, State & Zip

(850) 309-7354  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

FILED

**ARTICLE I NAME**

The name of the corporation shall be:

*JEFFREY M. BAILEY TILE, INC.*

03 OCT -8 PM 3: 13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*3424 Old St. Augustine Rd #5  
Tallahassee, FL 32311*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*ANY & ALL LAWFUL BUSINESS in the State of Florida.*

**ARTICLE IV SHARES**

The number of shares of stock is: *1*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

*JEFFREY M. BAILEY, President  
3424 Old St. Augustine Rd #5  
Tallahassee, FL 32311*

**ARTICLE VI REGISTERED AGENT**

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

*JEFFREY M. BAILEY  
3424 Old St. Augustine Rd #5  
Tallahassee, FL 32311*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*JEFFREY M. BAILEY  
3424 Old St. Augustine Rd. #5  
Tallahassee, FL 32311*

\*\*\*\*\*  
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

*Jeffrey M. Bailey*  
\_\_\_\_\_  
Signature/Registered Agent

*10 08 03*  
\_\_\_\_\_  
Date

*Jeffrey M. Bailey*  
\_\_\_\_\_  
Signature/Incorporator

*10 08 03*  
\_\_\_\_\_  
Date