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(Requestor's Name)	<u></u>	
(Address)		
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(City/State/Zip/Phone #	<i>f</i>)	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Coples Certificates o	f Status	
Special Instructions to Filing Officer:		





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THE DISTORT OF STATE OF STATE



TRANSMITTAL LETTER

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

SUBJECT:	SUNSET	TILE, CO	RP
Enclosed is an original s		d corporate name must include the corporate name description and a cless of incorporation and a	•
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$131,25 Filing Fee, Certified Copy & Certificate
FROM:	1489 P	ohn M. Scifo Palm Coast Pkwy N.W. Ste. 5 Coast, FL 32137-4720 Address	<u>.</u>
	3 Fb - 4	y, State & Zip 46-0317 Telephone number	- -

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 4, 2003

JOHN M. SCIFO 1489 PALM COAST PKWY., NW, SUITE 5 PALM COAST, FL 32137-4720

SUBJECT: SUNSET TILE, INC. Ref. Number: W03000032487

We have received your document for SUNSET TILE, 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.

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) 245-6995.

Wanda Cunningham Document Specialist New Filings Section

Letter Number: 603A00060102

ARTICLES OF INCORPORATION

OS NOV 14 AM 6:30

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME	
The name of the corporation shall be:	· · · · · · · · · · · · · · · · · · ·
Compat Tilo OF	WORTH FLORIDA, INC
sansel the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1489 PALM COAST PKWY., NW, SUITE 5 PALM COAST, FL 32137-4720

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Mr. John M. Seifo 1489 Paim Coast Pkwy N.W. Ste. 5 Palm Coast, FL 32137-4720

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PETER JOG	NOOD AN. COASI, FL 52137
PALM	COAST, FL 52137
Octobash'	19/03
Signature/Incorporator	/ / Date

(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