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TRANSMITTAL LETTER

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

SUBJECT: JINKS T	TILE INC		
JCD012C1	(PROPOSED CORPORAT	e name – <u>must inclui</u>) <u>e suff(x)</u>
Enclosed is an original	and one(1) copy of the articl	les 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
		ADDITIONAL COPY REQUIRED	
FROM:	JAMES A HICKNAM Name (Pri	AGENT nted or typed)	-
220 GOVERNMENT STREET SUITE 1 Address			
NICEVILLE FL 32578 City, State & Zip			
• 4	850 729 8585	•.	

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

JINKS TILE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

207 HUDSON CIRCLE NICEVILLE FL 32578

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

TO ENGAGE IN GENERAL BUSINESS FOR PORFIT

ARTICLE IV SHARES

The number of shares of stock is:

100 NO PAR SHARES

INITIAL OFFICERS/DIRECTORS (optional)

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

REGISTERED AGENT

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

JAMES A HICKMAN 220 GOVERNMENT STREET SUITE 1 NICEVILLE FL 32578

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

RICHARD L JINK 207 HUDSON CIRCLE NICEVILLE FL 32578

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

Signature/Registered Agent

Signature/Incorporator

MOV 1.7 2003 Date

MOV 17 2

Date