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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/6/03  
mjk

## TRANSMITTAL LETTER

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

SUBJECT: TRINITY TILE INSTALLATION,  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status

**ADDITIONAL COPY REQUIRED**

FROM: THOMAS F MOREAU  
Name (Printed or typed)

4668 TIMUQUANA RD  
Address

JACKSONVILLE, FL 32210  
City, State & Zip

904-349-0916  
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)

**ARTICLE I NAME**

The name of the corporation shall be:

TRINITY TILE INSTALLATION, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4668 TIMUQUANA RD  
JACKSONVILLE, FL 32210

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CERAMIC TILE INSTALLATION & REPAIR

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

THOMAS F MOREAU PRESIDENT-TREASURER  
4668 TIMUQUANA ROAD  
JACKSONVILLE, FL 32210

**ARTICLE VI REGISTERED AGENT**

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

JOE D JEFFERSON  
7313 AMANDAS CROSSING DR S  
JACKSONVILLE FL 32244-6172

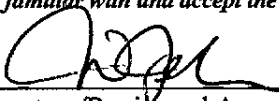
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


THOMAS F MOREAU  
4668 TIMUQUANA ROAD  
JACKSONVILLE, FL 32210

\*\*\*\*\*

*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

11/25/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11/25/03  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA