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TRANSMITTAL LETTER

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

SUBJECT: JIM MCCAGE TILE & CABINETRY MC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the	articles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM:	JIM MCCAR	Jame (Printed or typed)	
	7940 PORP	OISK DR Address	
	MARATHON	FL 33050 City, State & Zip	
	305-258		

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

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•	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:
	JIM MCCASE TILE - CASINETRY (NC SECRETARY OF STATE
	ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 7940 PORAISE OR MARATHON FL 33050
	ARTICLE III PURPOSE The purpose for which the corporation is organized is: THE CORPORATION SHAW ENGAGE IN ANY ACTIVITY ON BUSINESS PERMITTED UNDER THE LAWS UP THE UNITED STATES AND THE
	ARTICLE IV SHARES STATE OF FURIOR The number of shares of stock is:
	List name(s), address(es) and specific title(s): JIM McCast PRESIDENT JIM MCCAST SELECTARY JIM MCCAST TREASULT
	ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: DONNA M HOFFMAN CPA 8085 WHASLAS HUY MARATHW FL 33050
	ARTICLE VII INCORPORATOR The name and address of the Incorporator is: OUND HUFFMAN CA THE MARANUM FL 3350 **********************************
	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
D	January 11/21/03
	// NUMBER OF THE PROPERTY OF T