

P03000147374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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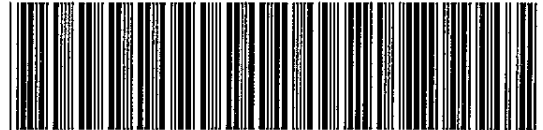
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC -4 PM 3:56

FILED

TRANSMITTAL LETTER

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

SUBJECT: REMEDIOS TILE & MARBOL INSTALLER INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: NICOLAS REMEDIOS
Name (Printed or typed)

2715 W. KATHLEEN ST.
Address

TAMPA, FL. 33607

(813) 841-1244
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)

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03 DEC -4 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

REMEDIOS TILE & MARBOL INSTALLER INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2715 W. KATHLEEN ST.
TAMPA, FL. 33607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION AHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED
UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

6,000
SIX THOUSAND

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

IRENE OCHOA - SECRETARY
2715 W. KATHLEEN ST.
TAMPA, FL. 33607

ARTICLE VI REGISTERED AGENT

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

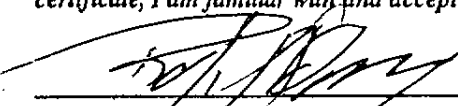
RALPH PEREZ
10921 AIRVIEW DR.
TAMPA, FL. 33625

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NICOLAS REMEDIOS
2715 W. KATHLEEN ST.
TAMPA, FL. 33607

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

11/28/03

Date



Signature/Incorporator

11/28/03

Date