

P03000147476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

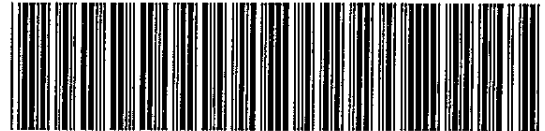
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 DEC -5 PM 6:36  
FALLA RIVER, FL 32044

12/9/03  
moe

## TRANSMITTAL LETTER

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

SUBJECT: Precision Tile & Beick Pavers Inc.  
(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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: ESDRAS E. GABRIEL  
Name (Printed or typed)

6179 Westgate Dr. #422  
Address

Orlando, Florida 32835  
City, State & Zip

(407) 298-4501 / (407) 963 1438  
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: *Precision Tile & Brick Pavers Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *6179 Westgate Dr. #422  
Orlando, FL, 32835*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *to obide by the new  
Worker Comp. Law.*

**ARTICLE IV SHARES**

The number of shares of stock is: *1*

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

List name(s), address(es) and specific title(s): *ESDRAS E. Gabriel  
6179 Westgate Dr. #422  
Orl, FL, 32835  
President, Owner, Sole propieter*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is: *Anna P. Gabriel  
6179 Westgate Dr. #422  
Orl, FL, 32835*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: *Anna P. Gabriel  
6179 Westgate Dr. #422  
Orl, FL, 32835*

\*\*\*\*\*

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

*Anna P. Gabriel*  
Signature/Registered Agent

*12/1/03*  
Date

*Anna P. Gabriel*  
Signature/Incorporator

*12/1/03*  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA