

PO4 000025560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

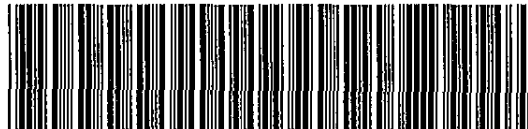
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Certificates of Status

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TALLAHASSEE, FLORIDA  
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RECEIVED  
04 FEB -9 PM 4:42  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: **UNTOUCHABLE TILE WORKS BY KARL, 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: Karl Reinhardt

Name (Printed or typed)

511 Columbus Street

Address

St. Augustine FL 32084

City, State & Zip

(904) 806-4967

Daytime Telephone Number

400028238014

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 FEB -9 PM 4: 51

**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:

**UNTOUCHABLE TILE WORKS BY KARL, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

511 Columbus Street  
St Augustine FL 32084

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Tile and wood floor contracting

**ARTICLE IV SHARES**

The number of shares of stock is:

\$5,000

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

List name(s), addresses) and specific titles(s):

Karl Reinhardt, President  
511 Columbus Street  
St Augustine FL 32084

**ARTICLE VI REGISTERED AGENT**

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

Karl Reinhardt  
511 Columbus Street  
St Augustine FL 32084

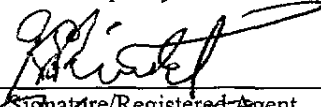
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

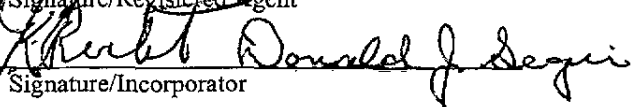
Donald J. Segui  
2120 US 1 South, Suite 115  
St Augustine FL 32086

\*\*\*\*\*

*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

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date