

P04000042147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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[Handwritten signature]

TRANSMITTAL LETTER

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

SUBJECT: TROPICAL TILE OF NORTHEAST FLORIDA, 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: JASON S. HURST

Name (Printed or typed)

PO BOX 279

Address

GLEN ST MARY FL 32040

City, State & Zip

904-509-9278

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:

TROPICAL TILE OF NORTHEAST FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 279
GLEN ST MARY FL 32040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CERAMIC TILE & MARBLE 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):

JASON S. HURST/PRESIDENT
PO BOX 279
GLEN ST MARY FL 32040

JOSEPH B. OVERSTREET/VICE-PRESIDENT
PO BOX 427
GLEN ST MARY FL 32040

LARRY E. HALL/SECRETARY
6238 PETTIFORD DR W JACKSONVILLE FL 32209

ARTICLE VI REGISTERED AGENT

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

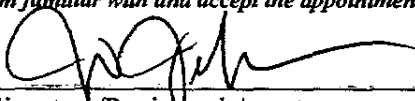
JOE D. JEFFERSON
7313 AMANDAS CROSSING DR S
JACKSONVILLE FL 32244

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JASON S. HURST
PO BOX 279
GLEN ST MARY FL 32040

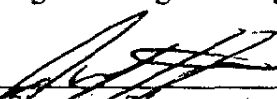
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

02/16/2004

Date



Signature/Incorporator

02/16/2004

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA