

P04000078406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

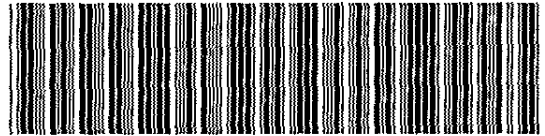
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400035781314

ULW14/04 -01039--008 **236.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 14 AM 9:39

RECEIVED
04 MAY 14 AM 11:25
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. H H P Marble and Tile Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 14 AM 9:39

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

H H P MARBLE AND TILE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**267 SW 9 STREET SUITE # 1
MIAMI, FL 33130**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 14 AM 9:39

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

300 shares \$1.00 per value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**HECTOR HORACIO PALUCI
267 SW 9 STREET SUITE # 1
MIAMI, FL. 33130**

ARTICLE V INCORPORATORS(S)

The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Hector Horacio Paluci
269 SW 9 Street Suite # 1
Miami, Fl. 33130

ARTICLE VI DIRECTOR(S)

The name (s)and street address(es) of the director(s) to these Articles of Incorporation is(are):

Hector Horacio Paluci D/P/S/T
267 SW 9 Street Suite # 1
Miami, Fl. 33130

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this,


.....
SIGNATURE

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

H H P MARBLE AND TILE INC.

2. The name and address of the registered agent and office is:

Hector Horacio Paluci
267 SW 9 Street Suite # 1
Miami, Fl. 33130

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 14 AM 9:39

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____



DATE _____