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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATES OF STATES.

TRANSMITTAL LETTER

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

SUBJECT: TRADITIONAL TILE, INC.

| | (PROPOSED CORPOR | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) | _ | - |
|---------------------|--|-------------------------------------|--|--------|----------------|
| nclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | l 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 CO | DPY REQUIRED | | |
| FROM: FO | OREST RICHARD GRAVE | | <u> </u> | 40 | AIG |
| | Name | e (Printed or typed) | | NOT 10 | Sio |
| 4747 DAPHINE ST. | | | | 9-1 | ៊ុ |
| - | | Address | | PH (| () () () |
| | NEW PORT RICHEY, FLO | ORIDA 34652 | | 3: 30 | On Al |
| - | City | , State & Zip | | 30 | (M) (0110 |
| | 727-847-6704 | | | | Ć |

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

Daytime Telephone number

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: TRADITIONAL TILE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4747 DAPHINE ST.
NEW PORT RICHEY, FLORIDA 34652

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORTATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA & THE UNITED STATES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): FOREST RICHARD GRAVES II 4747 DAPHINE ST. NEW PORT RICHEY, FLORIDA 34652 PRESIDENT- SECRETARY- TREASURER

ARTICLE VI REGISTERED AGENT

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

FOREST RICHARD GRAVES II 4747 DAPHINE ST. NEW PORT RICHEY, FLORIDA 34652

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FOREST RICHARD GRAVES II 4747 DAPHINE ST. NEW PORT RICHEY, FLORIDA 34652

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

| Forot & Law P | 4/8/04 |
|----------------------------|------------|
| Signature/Registered Agent | Date |
| Ford & Shave I | 6/9/04 |
| Signature/Incorporator | Date |

SECRETARY OF STATE
DIVISION OF CAPPORATIONS