

P04000125364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

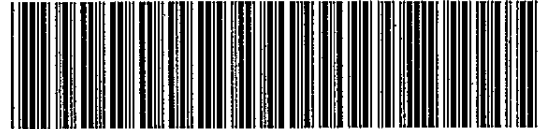
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/30/04--01022--014 **78.75

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TRANSMITTAL LETTER

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

SUBJECT: TODD MARBURGER TILE INCORPORATED

(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: TODD MARBURGER

Name (Printed or typed)

343 SOUTHEAST CROSSPOINT DRIVE

Address

PORT ST. LUCIE, FLORIDA 34983

City, State & Zip

772-344-5768

Daytime Telephone number

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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:

TODD MARBURGER TILE INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

343 SOUTHEAST CROSSPOINT DRIVE
PORT ST. LUCIE, FLORIDA 34983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

STARTED A NEW TILE INSTALLATION BUSINESS

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):

TODD MARBURGER PRESIDENT
343 SOUTHEAST CROSSPOINT DRIVE
PORT ST. LUCIE, FL 34983

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

GEORGE JOHN KALIDONIS
1104 FLEETWOOD LANE
FORT PIERCE, FLORIDA 34982

ARTICLE VII INCORPORATOR

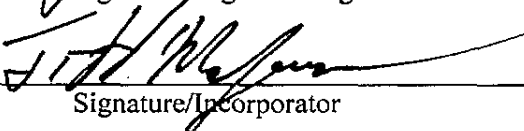
The name and address of the Incorporator is:

TODD MARBURGER
343 SOUTHEAST CROSSPOINT DRIVE
PORT ST. LUCIE, FLORIDA 34983

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



Signature/Incorporator

8-25-04
Date

8-25-04
Date

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