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# FLORIDA PROFIT CORPORATION OR P.A.

Triple L Tile Inc.

Certificate of Status	1
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12/2/04

#### 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:

Triple L Tile Inc.

ARTICLE II PRINCIPAL OFFICE

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

Triple L Tile Inc. 534 White Road DeFuniak Springs, FL 32433

#### ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Randi Waggoner 534 White Road DeFunjak Springs, FL 32433

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-518-935-3940

## ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

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

Larry L. Lightner Jr. - President 534 White Road DeFuniak Springs, FL 32433

## ARTICLES VI INCORPORATOR(S)

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

Larry L. Lightner 534 White Road DeFuniak Springs, FL 32433

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

24th day of November 2004.

Larry L Lightner Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

1. The name of the corporation is: Triple L Tile Inc.

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

2. The name and address of the register	ed agent and office is:	NOV 2
	Randi Waggoner	
	Name 95	-P
	534 White Road	3 5
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	DeFuniak Springs, FL 32433	_
	(City / State / Zip)	
orporation at the place designated i gent and agree to act in this capaci	ent and to accept service of process for the above stated in this certificate, I hereby accept the appointment as regi iy. I further agree to comply with the provisions of all the performance of my duties, and am familiar with and acce	statutes
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