## P04000165686

| (Req                       | uestor's Name)  |             |
|----------------------------|-----------------|-------------|
| (Addi                      | ress)           |             |
| (Addi                      | ress)           | <del></del> |
| (City/                     | State/Zip/Phone | → #)        |
| PICK-UP                    | ☐ WAIT          | MAIL        |
| (Busi                      | ness Entity Nan | ne)         |
| (Doc                       | ument Number)   |             |
| Certified Copies           | Certificates    | s of Status |
| Special Instructions to Fi | iling Officer:  |             |
|                            |                 |             |
|                            |                 |             |
|                            |                 |             |

Office Use Only



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SECRETARY OF STATE,

ALLANDS REPORTED

C. F. 12110

## TRANSMITTAL LETTER

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

| SUBJECT:F            | PROPOSED CORPORAT                            | 2 ANDL'LE<br>TENAME-MUSTINGLU                       | DE SUFFIX)   |
|----------------------|--|---|--|
| Enclosed are an orig | inal and one (1) copy of the artic           | eles of incorporation and                           | a check for:   |
| \$70.00 Filing Fee   | ☐ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL COI | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM:                | CONNIE B<br>Name (<br>36 WestMi              | ,   | , N.   |
|                      | Lehich Acres                                 | FL 3393<br>State & Zip                              | 36   |

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:  |
| FELIX MARble AND TILE, INC. 题号T  |
| ARTICLE II PRINCIPAL OFFICE  |
| The principal place of business/mailing address is:  |
| ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  36 West Minister St N. Lehigh Acres I.  ARTICLE III PURPOSE  |
| ARTICLE III PURPOSE  |
| The number for which the corporation is organized is:  |
| To be Able to WURK WITH GENERAL CONTRACTORS  |
| in Southwest FloridA.  |
| ARTICLE IV SHARES  |
| The number of shares of stock is: / O  |
|  |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  |
| List name(s), address(es) and specific title(s):   |
| CONNIE BUDA, PRESIDENT   |
| The state of the s |
| TEODOR BUDA, VICE PRESIDENT  |
| 36 Westminster St. N., Lehich ACRES, FL 3393   |
| ARTICLE VI REGISTERED AGENT  |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  |
| CONNIE BUDA, 36 WEST MINSTER ST. N., Lehich  |
| Market El 23/2/  |
| ACRES, FL 33936  |
| ARTICLE VII _ INCORPORATOR   |
| The name and address of the Incorporator is:   |
| CONNIE BUDA AND TEODOR BUDA  |
| CONNIE BURRAND REDECTE BURN TO 3393  |
| 36 West Minster St. N. Lehich ALRES, FL 3393   |
| ***************************  |
| 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   |
| long of board 12 lad lad   |
| Signature/Registered Agent CONNIE BUDA Date  |
|  |
| lannie Buda 12/06/04   |
| Signature/Incorporator Connic BUDA  Date  Date   |
|  |