

PD5000011019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

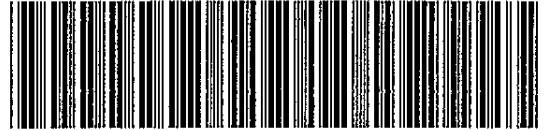
(Business Entity Name)

(Document Number)

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01/04/05--01023--016 **78.75

SECRETARY OF STATE
FILING SERVICE DIV.

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C.S. 1-21

TRANSMITTAL LETTER

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

SUBJECT: CONTRACTOR SPECIALTIES INC.
(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: EDIEL GARCIA
Name (Printed or typed)

4412 W. IDLEWILD AVE
Address

TAMPA, FL. 33614
City, State & Zip

813) 404-4834
Daytime Telephone number

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

W05-479



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 4, 2005

EDIEL GARCIA
4412 W. IDLEWILD AVE.
TAMPA, FL 33614

SUBJECT: CONTRACTOR SPECIALTIES INC.
Ref. Number: W05000000479

We have received your document for CONTRACTOR SPECIALTIES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carolyn Lewis
Regulatory Specialist II
New Filings Section

Letter Number: 705A00000476

TRANSMITTAL LETTER

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

SUBJECT: CONTRACTOR SPECIALTIES - NATURAL STONE INC.
(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: EDIEL GARCIA
Name (Printed or typed)

4412 W. IDLEWILD AVE
Address

TAMPA, FL. 33614
City, State & Zip

813) 404-4834
Daytime Telephone number

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

FILED
05 JAN -4 PM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CONTRACTOR SPECIALTIES _ NATURAL STONE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4 412 W. IDLEWILD AVE
TAMPA, FL, 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

100
ONE HUNDRED

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

EDIEL GARCIA - PRESIDENT
4412 W. IDLEWILD AVE
TAMPA, FL, 33614

ARTICLE VI REGISTERED AGENT

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


RALPH PEREZ
10921 AIRVIEW DR
TAMPA, FL, 33625

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EDIEL GARCIA
4412 W. IDLEWILD AVE
TAMPA, FL, 33614

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

01/18/2005
Date



Signature/Incorporator

01/18/2005
Date