# P0500006038/

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY IN STATE

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# TRANSMITTAL LETTER

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

SUBJECT:	ionald Nelson	Inc.	
De	A Ronald Nelso	ne name <u>must incl</u> exit Custom T	ile Work
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED
	,		
FROM:	Ronald Nels	Printed or typed)	
	37 Almond	drive	
	Ocala, Fla	orida 34 State & Zip	472
	(352) 27L Daytime To	1-5712 elephone number	

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



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 8, 2005

RONALD NELSON 37 ALMOND DRIVE OCALA, FL 34472

SUBJECT: RONALD NELSON INC. D/B/A RONALD NELSON CUSTOM TILE

**WORKS** 

Ref. Number: W05000017908

We have received your document for RONALD NELSON INC. D/B/A RONALD NELSON CUSTOM TILE WORKS. However, the document has not been filed and is being returned for the following:

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

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) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 705A00024196

Contected

OS APR 25 PM 12: 4

### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ARTICLE</u>	<u>I</u> NAME
2321 24 CAAL	<u> </u>

The name of the corporation shall be:

Ronald Nelson Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

37 Almond drive Ocala, FL 34472

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

### ARTICLE IV SHARES

The number of shares of stock is:

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Ronald Nelson - President 37 Almond drive

Ocala FL 34472

Sharon Nelson-Secreta 37 Almond drive Ocala, FL 34472

OCOLG, FL 34472 Dalton Nelson-Vice president ARTICLE VI REGISTERED AGENT 37 Almond drive Ocola, FL 344 The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

The name and address of the Incorporator is:

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

3-24-05 Date