

P05000106547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/1/05

## TRANSMITTAL LETTER

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

SUBJECT: ROSS TILE & 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ROSS E ORRIS  
Name (Printed or typed)

24624 PALAMINO TRAIL  
Address

SORRENTO, FL 32776  
City, State & Zip

352-874-1711  
Daytime Telephone number

**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:

ROSS TILE & STONE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

24624 PALAMINO TRAIL, SORRENTO, FL 32776

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SALE & INSTALLATION OF TILE

**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):

ROSS E. ORRIS, PRESIDENT  
24624 PALAMINO TRAIL, SORRENTO, FL 32776

**ARTICLE VI REGISTERED AGENT**

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

PAUL J. WILLIAMS, 5030 78TH AVE., SUITE 10, PINELLAS PARK, FL 33781

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

PAUL J. WILLIAMS, 5030 78TH AVE., SUITE 10, PINELLAS PARK, FL 33781

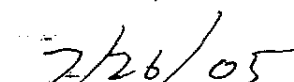
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA