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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

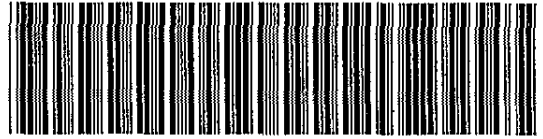
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 DEC 30 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 04 2005

COVER LETTER

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

SUBJECT: Gary Hawkins Tile, 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: Gary D. Hawkins
Name (Printed or typed)

844 Wolf Trail
Address

Casselberry, FL 32707
City, State & Zip

407.695.4822
Daytime Telephone number

05 DEC 30 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Gary Hawkins Tile, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

844 Wolf Trail, Casselberry, FL 32707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all Legal Business activities.

ARTICLE IV SHARES

The number of shares of stock is:

100 @ \$1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Gary D. Hawkins, President
844 Wolf Trail
Casselberry, FL 32707

ARTICLE VI REGISTERED AGENT

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

Gary D. Hawkins
844 Wolf Trail
Casselberry, FL 32707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gary D. Hawkins
844 Wolf Trail
Casselberry, FL 32707

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

Gary Hawkins
Signature/Registered Agent

12/26/05
Date

Gary Hawkins
Signature/Incorporator

12/26/05
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC 30 AM 9:44

FILED