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(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE ALLAHASSEE, FLORID



COVER LETTER

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

SUBJECT: Highlands Tile Inc.			
(PROPOSED CO	ORPORATE	NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of	of the article	s of incorporation and	a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Star	tus	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Glenn Bazzano			,
	Name (Pr	inted or typed)	
3219 White Oak			
	Ado	Iress	
Lorida, FI 33857			
	City, Sta	ate & Zip	
863-655-3082			
	Daytime Tele	phone 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:

Highlands Tile Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3219 White oak Rd., Lorida Florida 33857

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Ceramic Tile sales and installation

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):

Glenn D Bazzano Director 3219 White Oak Rd.

Lorida, FI 33857

ARTICLE VI REGISTERED AGENT

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

Glenn D Bazzano 3219 White Oak Rd. Lorida, FI 33857

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Glenn D Bazzano 3219 White Oak Rd. Lorida, Fl 33857

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 famfliar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered) zali

11-6-86

Date

11-6-86