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COVER LETTER

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

_{SUBJECT:} Rizz	o Marble Polish, Inc		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCE</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
₹ \$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
<u> </u>	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
	,		Status
	·	ADDITIONAL CO	OPY REQUIRED
		<u> </u>	
FROM: C	arlos Rizo		
TROM.	Name	(Printed or typed)	
	5280 NW 7th Street, S		
	A	Address	
	Miami, Fl. 33126		
	City,	State & Zip	
	305-331-4440		
		elenhone 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:

Rizzo Marble Polish, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5280 NW 7th Street, Suite 309 Miami, FL. 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide service of marble polishing.

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares, Par value \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carlos Rizo 5280 NW 7th Street, Suite 309 Miami, FL. 33126



ARTICLE VI REGISTERED AGENT

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

Carlos Rizo 5280 NW 7th Street, Suite 309 Miami, FL. 33126

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Carlos Rizo Rizzo Marble Polish, Inc. 5280 NW 7th Street, Suite 309 Miami, FL. 33126

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

Officers

Signature/Incorporator

Date

O3-15-07

Date

Date

COVER LETTER

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

_{SUBJECT:} Rizzo Marble Polish, Inc).			
	TE NAME – MUST INCL			
Enclosed are an original and one (1) copy of the arti 7 \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM: Carlos Rizo Name (Printed or typed)				
	Suite 309 Address			
Miami, Fl. 33126 City,	State & Zip			
305-331-4440 Daytime T	elephone number			

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