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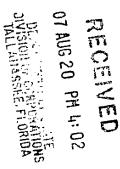
(Requestor's Name)	
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Certified Copies Certificates of	Status
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VH

COVER LETTER

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

Enclosed are an ori	iginal and one (1) copy of the artic	cles of incorporation an	d 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 OPY REQUIRED
FROM: _	Name	MEQUA. (Printed or typed)	T (- 0,
	TAU. FL.	Address 32304 State & Zip	·
	Daytime T	elephone 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: 07 AUG 20 PM 4: 07	
TILE SURGEONS, INC. SECHETARY OF STATE TALLAHASSEE. FLORIDA	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
3702 HOUSTON ROAD TALL, 12, 3230	_
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
CERAMIC TIME INSTAURTION	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
PRESIDENT JOHN R. MEQUATE	
3702 HOUSTON RD. TALL FL. 32304	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:	
3702 HOUSTON RD.	
TAU. FC. 32304	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
JOHN R. MEQUATE	
370Z HOUSTON PD.	
TRU. FL. 32304	
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	
Opt 120 102	
Signature/Registered Agent Date	
8/20/07	
Signature/Lucorporator Date	