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COVER LETTER

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

SUBJECT: 3	Dlile	<u> </u>		HND I	More 11
	(PROP	OSED CORPOR	RATE NAMI	E – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an orig	ginal and one (I) copy of the a	rticles of in	corporation an	d a check for:
_					
□ ∕\$70.00	□ \$78.75			78.75	□ \$87.50
Filing Fee	Filing Fee	0.0		g Fee	Filing Fee,
	& Certificat	e of Status	& C	ertified Copy	Certified Copy & Certificate of
					Status
			ADI	DITIONAL C	OPY REQUIRED
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FROM:	GRACI	ela	Gua:	DA Lup	e
FROM: GRACIELA GUADA LUPE Name (Printed or typed)					
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	0000	17 H LIS	Address	Denci	1700
	Orl	FL	3	2829	
Orl FL 32829 City, State & Zip					
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U07- U31-1026 Daytime Telephone number					
		Daytime	lelephone	number	
(SUADA L	use B	@ FT	NA Con	h
	F-mail a	ddress: (to be u	sed for futur	re annual report	notification)

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: 3D TILE MARBIE AND MORE INC
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 8853 PALISADES BEACH AVE ORL FL 32829 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Prof:†
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): GRACIELA GUADALUPE - Pres 8853 PALISADES BEACH AUE OFFI FL 32829 ARTICLE VI REGISTERED AGENT The name and Elevide street address (R.O. Rey NOT accounted by a fithe registered agent is:
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: GRACIELA GUADA LUPE 8853 PALI SADES BEACH AVE OCI FL 32829
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: GRACIELA GUADALUAE 8853 PALISADES BEACH AVE OCI FL 32829 **********************************

Signature/Registered Agent Date Signature/Incorporator Date