P10000104158

(Re	questor's Name)			
`	,			
(Ad	dress)			
(u.000)			
(Ad)	dress)			
(Au	uiessj			
(CII	y/State/Zip/Phone #;			
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name)			
(Do	cument Number)	 -		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer			
	g 5,1,051.			
-				
	,			
Office Use Only				
-	555 550 510y			



700189057307

Effective Date Join 01, 2011

12/29/10--01019--005 **78.75

2010 DEC 29 PM 4: 42 STORE FARY OF STATE FALLARIASSEE, I TORIDA

COVER LETTER

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

SUBJECT:	Tate Flooring		
	(PROPOSED CORPOR	RATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an or	riginal and one (1) copy of the a	rticles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate o Status
		ADDITIONAL C	OPY REQUIRED
FROM: _	James G. Tate		
	Nar	ne (Printed or typed)	
_	4460 Semoran Fa	arms Road	
		Address	
_	Kissimmee, FL 3	4744 v. State & Zin	
_	(407) 267-0775	Telephone number	
_	jim.tate64@yaho E-mail address: (to be us	O.COM sed for future 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 II PURPOSE Principal street address 4460 Semoran Farrms Road Kissimmee, FL 34744 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Professional Corporation ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITAL OFFICERS AND/OR DIRECTORS Name and Title: James G. Tale President Address: Name and Title: Address: Address: Name and Title: Address: Address	The name of the corporation	E . on shall be: TATE FLOORING, IN	rc.	
The purpose for which the corporation is organized is: Professional Corporation ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: James G. Tate President Address: 4460 Sunovan Parms Address: Address: Address: Name and Title: Address: Address: Name and Title: Address: Address: Address: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: James G. Tate Address: A	P 4460 S	rincipal <u>street</u> address Semoran Farrms Road		
ARTICLE VI SHARES Name and Title: Name and Title: Address: Addres			Effective Date	Jan. 01, 2011
The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: James G. Tate President Address: 4/60 36moran Farms Name and Title: Address: Addr	Professional Corpo	pration		
Name and Title: James G. Tate President Address: 4460 5000 can Farms Name and Title: Address: Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimme Fl. 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimme, Fl. 34744 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				Z9 ZYG
Name and Title: Address: Address:	ARTICLE V INITI	AL OFFICERS AND/OR DIRECTOR	<u>RS</u>	
Name and Title: Address: Address:	Name and Title: Jar	nes G. Tate President	_ Name and Title:	
Name and Title: Address: Address: Address: Address: Name and Title: Address: Address: Name and Title: Address: Address: Address: Address: Address: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: James G. Tale Address:	Address: 44	160 Somoran Farms	Address:	
Address: Name and Title:	<u> </u>	issimmee, FL 34744		
Address: Name and Title:	Name and Title:		Nama and Title	
Name and Title: Address: Address: Address: Address: Address: Address: Address: Address: Address: Address: Name: James G. Tate Address: Addres				
Name and Title: Address: Adfo Semoran Farms Road Kissimme Fl 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Add	Address:	· · · · · · · · · · · · · · · · · · ·	Address:	
Name and Title: Address: Adfo Semoran Farms Road Kissimme Fl 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: James G. Tate Address: Address	<u></u>			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimme. Fl. 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimmee, Fl. 34744 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 AMN J.				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimme. Fl. 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimmee, Fl. 34744 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 AMM J. Jake Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimme. Fl. 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimmee, Fl. 34744 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 AMM J. Jake Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Name and Title:		Name and Title:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimme, Fl. 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimmee, Fl. 34744 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 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimmee, Fl. 34744 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 Date I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Address:		Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimme. Fl. 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimmee, Fl. 34744 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 AMALY JALY Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		· · · · · · · · · · · · · · · · · · ·		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimme. Fl. 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimmee, Fl. 34744 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 Ammu J. Jaka Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimme. Fl. 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimmee, Fl. 34744 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 Ammu J. Jaka Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimme. Fl. 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimmee, Fl. 34744 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 Ammu J. Jaka Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	ARTICLE VI REGI	STERED AGENT		
Name: James G. Tate Address: 4460 Semoran Farms Road Kissimme, Fl. 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimmee, Fl. 34744 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			f the registered agent is:	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimmee, FL 34744 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			The registered agent is.	
Kissimme, FL 34744 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: James G. Tate Address: 4460 Semoran Farms Road Kissimmee, FL 34744 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: James G Tate Address: 4460 Semoran Farms Road Kissimmee, FL 34744 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Address: 4	460 Semoran Farms Road		
The name and address of the Incorporator is: Name: James G Tate Address: 4460 Semoran Farms Road Kissimmee, FL 34744 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	<u> K</u>	Gissimme, FL 34744	_	
The name and address of the Incorporator is: Name: James G Tate Address: 4460 Semoran Farms Road Kissimmee, FL 34744 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	4 B B B B B B B B B B B B B B B B B B B			
Name: James G Tate Address: 4460 Semoran Farms Road Kissimmee, FL 34744 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
Address: 4460 Semoran Farms Road Kissimmee, FL 34744 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 Amount Jak 12/18/10 Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		•		
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 Amount Jake 12/18/10 Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	ال Name:	ames G_Tate	_	
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 Amount Amount	Address: 42	160 Semoran Farms Road		
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 Amount Amount	ĸ	issimmee, FL 34744		
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Having been named as re this certificate, I am famil	egistered agent to accept service of procesiar with and accept the appointment as reg		
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Xamer	M. Jak		12/18/11
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	7	Required Signature/Registered Agent	···	Date
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	F F 1, 31 4 4		•	
James G. Jake Required Signature/Incorporator 12/18/10 Date	document to the Departme	ent of State constitutes a third degree felor	y as provided for in s.817.	.155, F.S.
Required Signature/Incorporator Date	Vanuer.	y. Late		12/18/10
		Required Signature/Incorporator	- · · · · · · · · · · · · · · · · · · ·	Date

Line chall has 01/01/2011

Article VIII Effective date: