# P/200098340

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

W12-50509



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SECRETARY OF STATE TALLAMASSEE, FLORIO

11/30/12



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2012

DONNA MARIE BOZEMAN 6807 CABELLO DR. JACKSONVILLE, FL 32226

SUBJECT: TILE WORKS INC. Ref. Number: W12000058509

We have received your document for TILE WORKS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is G93833 (TILEWORKS, INC.).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II

Letter Number: 712A00027961

New Filing Section

# **COVER LETTER**

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

SUBJECT: Tile Works Inc.	
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: <b>Donna Marie Bozeman</b> Nam	e (Printed or typed)
6807 Cabello Dr.	
Jacksonville, Florida 32	Address 2226
City	, State & Zip
(904) 864-7463  Daytime	Telephone number
tileworksinc@comcast.r	ed for future annual report notification)
E-man address: (to be use	a for farme annual report nonnearion)

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 The name of the co	NAME; orporation shall be:	Tile Works & Di	rty Deeds Ir	nc.					
ARTICLE II PRINCIPAL OFFICE									
	Principal stre			N	/lailing addn	ess, if different	is:		
		zeman	<del>-</del>						
	6807 Cabello Dr.		•						
•	lacksonville, Flor	<u>ida 32226</u>	_						
ARTICLE III	DIIRPASE								
	which the corporation	n is organized is:							
	egal business								
	ares of stock is: On			·					
		ERS AND/OR DIR				_	_		
		e Bozeman Pres							
Address:	6807 Cabel	lo Dr.	Add			bello Dr.			
	_Jacksonville	a, Fl.32226	<del></del>	•	Jackson	ville, Fl 322	26	<del></del>	
				•				••••	
Name and T	itle: Chase M. A	nderson Vice Pr	esident Nan	ne and Title:					
Address:	_6807_Cabel	lo Dr	Add	lress:					
	Jacksonville	e, Fl. 32226				· · · · · · · · · · · · · · · · · · ·			
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Name:		Anderson						distriction.	
Address:	_6807 Cab					S.A.	D.0	Marie Marie	
	Jacksony	ille, Fl 32226	<del></del>			<u>m</u> -≺		7	
ARTICLE VII	INCORPORATO	OR .				뜨육			
	dress of the Incorpor					N S	<u>~</u>	Secure S	
Name:		rie Bozeman				융절		The same of	
Address:	6807 Cab					57	ت		
	Jacksony	ille, Fl. 32226				<b>&gt;&gt;</b>			
Having been nan this certificate, I	ned as registered ago um familiar with and	ent to accept service of accept the appointme	f process for to nt as registered	he above sta l agent and a	ted corporat gree to act i	tion at the plac in this capacity	ce desiţ	gnated in	
1st	f -					10/25/12			
	Required S	ignature/Registered A	gent	-		D	ate		
I submit this doc document to the I	ument and affirm ti Department of State o	hat the facts stated he constitutes a third degi	rrein are true. ree felony as pr	I am aware ovided for in	that the fal s.817.155,	se information F.S.	subm	itted in d	
		2							
	X1005					10/25/12	<u> </u>		
	Required	Signature/Incorporat	or			J	Date		