Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130001135423)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305) 552-5973

Fax Number

: (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email: address please.

Email Address:				
	i 1	aaa	700	

FLORIDA PROFIT/NON PROFIT CORPORATION NEW HORIZON TILE & MARBLE CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

H13000113542

ARTICLES OF INCORPORATION
ce with Chapter 607 and/or Chapter 621, F.S. (Profit)

SEODET.	[ILED .	
IVICION CA	RY OF STATE	
u kratřík čík	RY OF STATE CORPORATION	S

ARTICLE I NAM		19 84 6 7	PH 2:
he name of the corporat	E NEW HORIZON TIL	LE & MARBLE CURP.	_
RTICLE II PRII	ICIPAL OFFICE		
	Principal <u>street</u> address TH STREET	Mailing address, if different is:	
	RIDA 33147		
VII/AIVII I EOI	NDA 00147	: <u></u>	 -
, , , , , , , , , , , , , , , , , , ,			
RTICLE III PURI	POSE 14 corporation is organized is: This co	orporation may engage in	ОГ
		es permitted under the law of the	
nited States, t	he State of Florida, or any o	ther state, Country, territory or N	ation.
·	,		
		:.	
			
		. :	
RTICLE IV SHA	RES 100		
he number of shares of	stock is:	<u> </u>	
RTICLE V INIT	TAL OFFICERS AND/OR DIRECTOR	ss .	
Name and Title	Alfredo Castillo, President	Name and Title:	
Address	2945 NW 97TH ST.	Address:	
Address	MIAMI FLORIDA	Auditess.	
	33147		
Name and Title:		Name and Title:	
Address		Address:	
		· ·	
Name and Title:	•	Name and Title:	
Address			
(saates\$			
		<u> </u>	

H13000113542

	H 13000	1135	4 2	(conti.)
Name and	Title:	Name and T	tle:	
Address	<u>:</u>	Address:	; 	
			· . 	
			-	
A DORDOR DO TOTAL	220104DDD 422			<u>_</u>
	REGISTERED AGENT ida street address (P.O. Box NOT acceptable) of	the registered	agent is:	VIS VIS
	Alfredo Castillo			SECRETA VISION OF
Address:	2945 NW 97th Street		:	24 SPA
	Miami Florida 33147	·	:	PH DRAG
ARTICLE VII	INCORPORATOR		; ;	STATE ORATIO 2: 18
The name and add	ress of the Incorporator is:			NS.
Name:	Alfredo Castillo		: :	
Address:	2945 NW 97TH Street			
	Miami Florida 33147		` :	
Having heen name his certificate, I ay	d as registered ayent to agcept service of process If fimiliar with and accept the appointment as regi	for the above stered agent o	stated corporation at the pl and agree to act in this capa	ace designated in city
he	Chiefo Caslello		04/22	2/2013
م و داد الاستان	Required Signature/Registered Agent			Date
suomu this docate locument to the De	nent and affirm that the facts stated herein are to partment of State constitutes a third diffee felony	rue I am aw as provided j	arc inat the faise information for in s.817.155, F.S.	on submitted in a
(U)	luko Kastilla		:	2/2013
7	Required Signature/Incorporator		:	Date