

P14 00045 606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

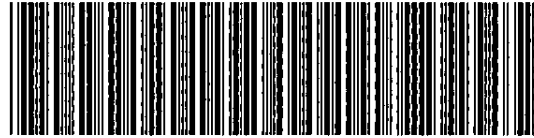
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/18/14--01013--004 **70.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 18 PM 1:11

FL Pro
2/20

Feb 13, 2019

Linetile inc

6137 orange ave Dr

ORLANDO FL 32819

Doc# P12000099323

Release letter

I Michael Hamoui President
of Linetile inc does not intend to
reinstate Linetile inc. I am releasing
this corporation.

Thank you

Michael Hamoui

*
COVER LETTER

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

SUBJECT: Linatile inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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

ADDITIONAL COPY REQUIRED

FROM: Michael Hamoui
Name (Printed or typed)

6137 Orange Cove Dr
Address

Orlando FL 32819
City, State & Zip

407-371-7589
Daytime Telephone number

Hamoui2@AOL.com
E-mail address: (to be used 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 I NAME

The name of the corporation shall be: Linatile inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Michael HAMOU
6137 Orange Cove Dr
ORLANDO FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Flooring

ANY AND all Lawful Business

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STATE
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DIVISION OF CORPORATIONS
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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael HAMOU President Name and Title: Anthony HAMOU Vice President

Address 6137 Orange Cove Dr Address: 6137 Orange Cove Dr
ORLANDO FL 32819 ORLANDO FL 32819

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Mike HAMOU
Address: 6137 Orange Cove Dr
Orlando FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mike HAMOU
Address: 6137 Orange Cove Dr
Orlando FL 32819

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

Mike HAMOU
Required Signature/Registered Agent

2-13-14
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.

Mike HAMOU
Required Signature/Incorporator

2-13-14
Date