

(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



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SECRETARY OF STAIS
STAISTON OF SOMPORATION

To AM

COVER LETTER

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

SUBJECT: Custom Tile Concepts of Tampa Bay, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 \$78.75 **\$78.75** Filing Fee Filing Fee, Filing Fee Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: David McLoud Name (Printed or typed)

Address

Dover FL 33527

City, State & Zip

813-433-3838

Daytime Telephone number

customtileconceptsoftampabay@yahoo.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 IT In compliance with Chapter 607		I, F.S. (Profit)	
ARTICLE I N	AME ration shall be: Custom Tile Co	ncepts of T	ampa Bay, Inc. OF CASE 370.	
	RINCIPAL OFFICE Principal street address		ampa Bay, Inc. OF CORPORTION OF THE PHILE: 03	
David McLou	ıd			
2836 Blount	Road			
Dover FL 33	527			
The purpose for which	TRPOSE the the corporation is organized is:	ourpose is to	o provide installation, sales	
and service	of residential and comme	rcial tile.		
<u></u>				
ADTICLE IV SI	TAPES			
The number of shares	of stock is: 7500			
ARTICLE V IN	IITIAL OFFICERS AND/OR DIRECT	rors		
		-	tle: Jodi Barton, Secretary	
Address	2836 Blount Road	Address:	2836 Blount Road	
Address	Dover FL		Dover FL	
	33527		33527	
Name and Title:		Name and Ti	Name and Title:	
Address		Address:		
		 		
		·		
None and Ti	da.	Name and Ti	tlar	
	le:		`	
Address		Address:		
				

Name and	Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	David McLoud	
Address:	2836 Blount Road	
	Dover FL 33527	
ARTICLE VII	INCORPORATOR	
The name and add	dress of the Incorporator is:	
Name:	David McLoud	
Address:	2836 Blount Road	
	Dover FL 33527	
Having been nam this certificate, I a	ed as registered agent to accept service of process m familiar with anii accept the appointment as reg Required Signature/Registered Agent	for the above stated corporation at the place designated in istered agent and agree to act in this capacity 3-/0-/4 Date
I submit this document to the D	nment and affirm that the facts stated herein are epartment of State constitutes a third degree felon	true. I am aware that the false information submitted in a vas provided for in s.817.155, F.S.
(20	Required Signature/Incorporator	Date Date