

P14000037958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

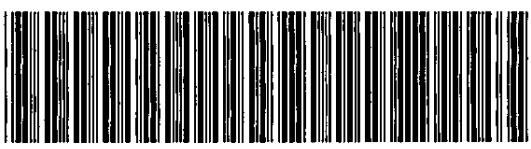
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J 4/30/14

COVER LETTER

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

SUBJECT:

Tive SETTERS 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:

Shannon Timothy Boyle

Name (Printed or typed)

1629 ESPANOLA AVE Apt 104

Address

HOLLY HILL FLORIDA 32117

City, State & Zip

386-212-1582

Daytime Telephone number

SAMANTA 1000, SB@gmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

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ARTICLE I NAME

The name of the corporation shall be: TILE SETTERS INC

14 APR 28 PM 3:24

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1629 ESPANOLA AVE APT 104
HOLLY HILL FLORIDA 32117

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TILE SETTING, FLOORING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHANNON T BOYLE, PRES. Name and Title: _____

Address: 1629 ESPANOLA AVE APT 104 Address: _____
HOLLY HILL, FLORIDA 32117

Name and Title: JAMES R. GLEASON V Pres Name and Title: _____

Address: 1567 N US HWY 1 Address: _____
ORMOND BEACH, FLORIDA 32173

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: SHANNON T. Boyle
 Address: 1629 ESPANOLA AVE APT 104
HOLLY HILL, FLORIDA 32117

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SHANNON T. Boyle
 Address: 1629 ESPANOLA AVE APT 104
HOLLY HILL, FLORIDA 32117

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

Sh T Boyle _____ 4-22-14
 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.

Sh T Boyle _____ 4-22-14
 Required Signature/Incorporator Date

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