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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000234306 3)))



H140002343063ABCX

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (786) 409-5946

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
PETER LEWIS TILE AND MARBLE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

7088

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT - 6 PM 1:01

APPROVED
AND
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Electronic Filing Menu Corporate Filing Menu Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT - 6 PM 5:05

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7/7

4

COVER LETTER

H1400034306

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

SUBJECT: Peter Lewis Tile and Marble, 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: Peter Lewis
Name (Printed or typed)

5900 NW 70th ave
Address

Tamara C, FL 33312
City, State & Zip

754-214-8143
Daytime Telephone number

PlewisJWI@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 INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Peter Lewis Tile and Marble, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

5900 NW 70th Ave
Tamarac, FL
33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Installation of Marble
and Tile.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Lewis (President) Name and Title: _____
Address: 5900 NW 70th Ave Address: _____
Tamarac
33321

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT - 6 PM 1:01

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APPROVED AND FILED (cont)

Name and Title: _____ Name and Title: 14 OCT -6 PM 1:01
Address: _____ Address: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: PETER LEWIS
Address: 5900 NW 70th Ave
TAMARAC 33321

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Peter Lewis
Address: 5900 NW 70th Ave
Tamarac, FL 33321

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

[Signature] Required Signature/Registered Agent 10-06-14 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.

[Signature] Required Signature/Incorporator 10-06-14 Date

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