

P1500005349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

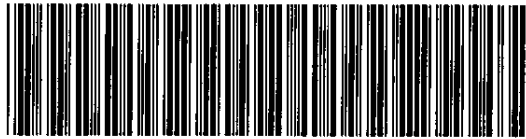
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/10/15--01015--025 **78.75

FILED
15 JUN 15 AM 9:12
TALLAHASSEE, FLORIDA

WLS 25886

COVER LETTER

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

SUBJECT: LN TILE CORP.

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: FIDEL NAVARRO
Name (Printed or typed)
1416 W. ARTIC ST.
Address
TAMPA, FL. 33604
City, State & Zip
813-484-6569
Daytime Telephone number
lisbey02@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUN 15 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 14, 2015

FIDEL NAVARRO
1416 W ARTIC ST
TAMPA, FL 33604

SUBJECT: LN TILE CORP.
Ref. Number: W15000025856

We have received your document for LN TILE CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 115A00007398

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

ARTICLE I NAME LN TILE CORP.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1416 W. ARTIC ST

TAMPA, FL. 33604

ARTICLE III PURPOSE

ANY AND ALL LAWFUL BUSINESS

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 1000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FIDEL NAVARRO P

Address: 1416 W. ARTIC ST.

TAMPA, FL. 33604

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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15 JUN 15 AM 9:12
TAMPA, FLORIDA

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: Fidel NAVARRO

Address: 1416 W. ARTIC ST
TAMPA, FL. 3304

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: FIDEL NAVARRO

Address: 1416 W. ARTIC ST

TAMPA, FL. 33604

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

* 

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.



Required Signature/Incorporator

03/31/2015

Date

FILED
15 JUN 15 AM 9:12
TALLAHASSEE