

P/5 000088864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

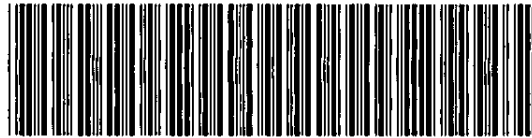
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900278622689

10/30/15--01007--009 **70.00

APPROVED
AND
FILED

15 OCT 30 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2015 OCT 30 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/30/15

COVER LETTER

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

SUBJECT: TILE SURGEONS 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: JOHN R. McQUAIG
Name (Printed or typed)

3702 Houston RD
Address

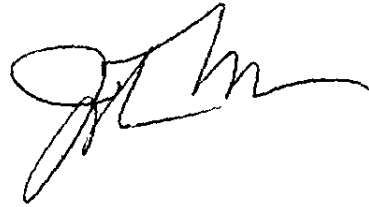
TALL. FL. 32304
City, State & Zip

(850) 321-1336
Daytime Telephone number

Randy McQuaig @ Yahoo.com
E-mail address: (to be used for future annual report notification)

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

I JOHN R. MEQUAR have NO intentions
of reinstating Tile Surgeons, INC PI4000038610
And release the name



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2815 OCT 30 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: TILE SURGEONS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3702 Houston Rd.

SAME

TALL. FL. 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INSTALL CERAMIC TILE
(FLOORING)

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TALLAHASSEE FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

PRESIDENT

Name and Title: JOHN R. McOMIE

Name and Title: _____

Address

3702 Houston Rd.
TALL. FL. 32304

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

(cont.)

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: JOHN R. McQUATE
Address: 3702 Housen Rd
TALL FL. 32304

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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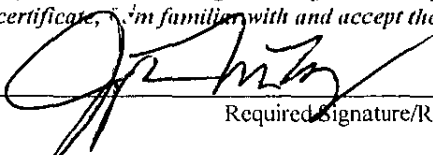
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AND
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN R. McQUATE
Address: 3702 Housen Rd.
TALL. FL. 32304

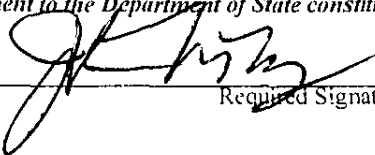
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

OCT. 30, 2015
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

OCT. 30, 2015
Date