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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

15 DEC 14 AM 8:31

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE FILINGS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC 14 AM 8:35

APPROVED  
AND  
FILED

## COVER LETTER

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

SUBJECT: Tile Illusions 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: Floyd Dickens  
Name (Printed or typed)

514 Big Richard Rd  
Address

Tallahassee FL 32301  
City, State & Zip

850 212-9569  
Daytime Telephone number

\_\_\_\_\_  
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)

APPROVED

FILED

ARTICLE I NAME

The name of the corporation shall be:

Tile Illusions

DEC 14 AM 8:35

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

514

Big Richard Rd

Tallahassee FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Installing Tile

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Floyd Dickens (P)

Name and Title:

Address

514 Big Richard Rd

Address:

Tallahassee FL

32301

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: \_\_\_\_\_

Address: \_\_\_\_\_

FLOYD DICKENS  
514 BIG RICHARD RD  
TALLAHASSEE FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

FLOYD DICKENS  
514 BIG RICHARD RD  
TALLAHASSEE FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

FLOYD DICKENS

Required Signature/Registered Agent

12-14-15

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.*

FLOYD DICKENS

Required Signature/Incorporator

12-14-15

Date