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STATE OF STATE
THASSEE FLORIDS

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COVER LETTER

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

SUBJECT: Sup	erior Tile, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
	•		
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:
■ \$70.0 Filing Fe	•	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	James Wuschke		
	Nam	e (Printed or typed)	
	442 Putter Point Drive		
		Address	
	Naples, Florida 34103		
	City	State & Zip	
	(239) 250-9117		
	Daytime 7	elephone number	
	Jim@superiortileinc.com		
,	E-mail address: (to be use	d 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	Superior Tile, Inc.		···· o n
The name of the corpora	tion shall be:	<u> </u>	- C
ARTICLE II PRINC	CIPAL OFFICE	,	15.
MATCHE II TANTE	Principal street address	Mailine add	lress, if differenties
	· · · · · · · · · · · · · · · · · · ·	Maning acc	ress, in control contributor
2026 Evolumo Avo			- TY 呈 14
3826 Exchange Ave	<u> </u>		声(2) (3)
Naples, Florida 34104			ORIE
Naples, Florida 54104		·	
			7-
ARTICLE III PURPO The purpose for which t	<u>DSE</u> he corporation is organized is:	orporation is organized for the purp	ose of engaging in any
activities or business pe	ermitted by the United States of Ameri	ca and the State of Florida	
	•		
		<u> </u>	
ARTICLE IV SHAR	ES 10000		
The number of shares of	stock is:		
ARTICLE V INITIA	I AFFICENC AMMON NUMBERTAN	s	
ARTICLE V INTE	<u>IL OFFICERS AND/OR DIRECTOR</u>	<u>3</u>	
Name and Title	James Wuschke	Name and Title:	
rianc als Thi		Name and Thie	
Address	442 Putter Point Drive	Address:	
1 1001 0.35		Add 633.	
,	Naples, Florida 34103		
•			
			
Name and Title	:_	Name and Title:	
Address		Address:	•
Name and Title	•	Name and Title:	
· Address		Address:	
	· · · · · · · · · · · · · · · · · · ·		
	*		
			<u> </u>
			

Name and	Title:	Name and Title:	
Address		Address:	
		· · · · · · · · · · · · · · · · · · ·	
	REGISTERED AGENT	la) a Calca - cainda and a caustina	
ne <u>name and Fic</u> Name:	orida street address (P.O. Box NOT acceptal James Wuschke	ne) of the registered agent is:	
Address:	442 Putter Point Drive		;
	Naples, Florida 34103	S ₂ 12	ettus. Hanga
ARTICLE VII	NCORPORATOR	F13 .	
he <u>name and ad</u>	dress of the Incorporator is:		
Name:	James Wuschke	<u> </u>	
Address:	442 Putter Point Drive		
	Naples, Florida 34103		
Effective date, if of an effective d lays after the fil	ing.)	(OPTIONAL) annot be more than five business days prior or 90 busi	
	inserted in this block does not meet the applied fective date on the Department of State's recommendate.	cable statutory filing requirements, this date will not be list ords.	ted as
		ocess for the above stated corporation at the place design as registered agent and agree to act in this capacity	rated :
1/1/1	Isse	01/09/2016	
-gw	Required Signature/Registered Ager	Date	
submit this doc	ument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that the false information submitt felony as provided for in s.817.155, F.S.	ted in
/ hnn	workla -	01/09/2016	
Requi	red Signature Incorporator	Date	