

03/02/20

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# 48 1/ 3

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MARBLE AND TILE FOR US INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

16 MAR -2 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME:** The name of the corporation is:

MARBLE and tile for US INC.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2476 SW 22 Terr Fl 33145  
MIAMI

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Pedro Antonio Rodriguez Poblet - P  
Zoe aney Toribio Tamayo - VP

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

PEDRO Antonio Rodriguez Poblet  
2476 S.W. 22 Terr.  
Miami FL 33145

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:


PEDRO Antonio Rodriguez Poblet  
2476 S.W. 22 Terr.  
Miami FL 33145

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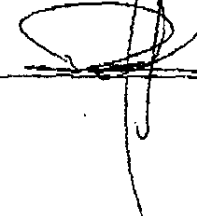
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Required Signatures:

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

  
\_\_\_\_\_  
Registered Agent3/2/10  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator3/2/10  
\_\_\_\_\_  
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STATE  
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