P16000098044

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entry Harrie)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



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Office Use Only

= 12/13/16

December 7, 2016

Department of State
Division of Corporations

Clifton Building 2661 Executive Center Drive Tallahassee, FL 32301

Reference: Elite Tile and Coping, Inc.

Florida Document Number: P12000032400

Dear Department:

It has come to our attention that our corporation Elite Tile and Coping, Inc. was dissolved administratively.

At this time I would like to release our document number P12000032400 as the authorized president of this corporation.

I am also submitting at this time articles that I am asking you to file on my behalf.

Thanking you for your assistance in getting these matters in order.

Sincerely, Shewleshi

John Gaudieri, President

2018 DEC 12 PH 2: 15

COVER LETTER

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

SUBJECT:	FILE AND COPING, INC.		
SOBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l 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 o Status
	ADDITIONAL COPY RE		PY REQUIRED
FROM:	ın Gaudieri Nam	e (Printed or typed)	
213	7 BURTON AVE		
		Address	
FO	RT MYERS, FL 33907		
	City	, State & Zip	
(23	9) 851-4471		
	Daytime [*]	Telephone number	
gau	dierii@yahoo.com		
	E-mail address: (to be use	ed 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)

	NCIPAL OFFICE Principal street address	Mailing address,	if different is:	
137 BURTON AVI	3			
FORT MYERS, FL.		-		
RTICLE III PUR	anage:	y and all lawful business.		
the purpose for wine	it the corporation is organized is.			三三
			<u> </u>	AUISIAL 34038
			<u></u>	
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			5.	
			ග	~
	<i>TIAL OFFICERS AND/OR DIRECTO</i> itle:	Name and Title:		
Address	2137 Burton Ave	Address:		
	Fort Myers, FL 33907			emerarior conservidor con deservido de Maria
Name and Ti	John Gaudieri, D	Name and Title:		
Name and Ti Address	tle: 2137 Burton Ave	Name and Title:		
	tle: 2137 Burton Ave	Name and Title:		
	tle: John Gaudieri, D 2137 Burton Ave	Name and Title: Address:		
Address	tle: John Gaudieri, D 2137 Burton Ave Fort Myers, FL 33907	Name and Title: Address:		
Address	tle: John Gaudieri, D 2137 Burton Ave Fort Myers, FL 33907	Name and Title: Address: Name and Title:		
Address Name and Ti	tle: John Gaudieri, D 2137 Burton Ave Fort Myers, FL 33907	Name and Title: Address: Name and Title:		

Name a	nd Title:	Name and Title:
Addres	S	
	REGISTERED AGENT	
-	Florida street address (P.O. Box NOT accept John Gaudieri	able) of the registered agent is:
Address:	2137 Burton Ave	
	Fort Myers, FL 33907	
ARTICLE VII	INCORPORATOR	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
The name and a	ddress of the Incorporator is:	
Name:	John Gaudieri	<u>~</u> ∴
Address: 2137 Burton Ave Fort Myers, FL 33907	2137 Burton Ave	<u></u>
	Fort Myers, FL 33907	
Effective date, i (If an effective filing.) Note: If the dat	·	cannot be more than five days prior or 90 days after the licable statutory filing requirements, this date will not be listed a
		process for the above stated corporation at the place designated at as registered agent and agree to act in this capacity
	Required Signature/Registered Age	12/07/2016
7	Required Signature/Registered Age	ent Date
	cument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the false information submitted in the felony as provided for in s.817.155, F.S.
	Seed.	12/07/2016
Requ	ired Signature/Incorporator	Date

and the second