

# P17000001165

## Florida Department of State

### Division of Corporations Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please:**

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

### FLORIDA PROFIT/NON PROFIT CORPORATION ALFREDO TILE SUPPLY INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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JAN - 6 2017

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of \_\_\_\_\_ of Doc #  
\_\_\_\_\_ are the same owners of the attached articles of  
incorporation. We have dissolved the company and have no intention of reopening it. Thank  
you for your help in this matter.

Very Sincerely.

H17000004388

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

H17000004388

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

ALFREDO TILE SUPPLY INC.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1540 NE 191st STREET

Apt - # 126

N. MIAMI BCH, FL 33162

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

500

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

1. ALFREDO AURIS - President

1540 NE 191st STREET

Apt # 126

N. MIAMI BCH, FL 33162

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

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

ALFREDO AURIS

1540 N. E. 191st Street - # 126

N. MIAMI BCH, FL 33162

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

ALFREDO AURIS

1540 N. E. 191st Street # 126

N. MIAMI BCH, FL 33162

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STATE OF FLORIDA

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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

Alfredo Davis  
Registered Agent

1/4/2017  
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.

Alfredo Davis  
Incorporator

1/4/2017  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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