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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer;	

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COVER LETTER

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

SUBJECT:	TILE SLIKE	ENS I	NC.	
	(PROPOSED CORPORAT	E NAME - <u>MUST INCLU</u>	JDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:	
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	_	
	ADDITIONAL COPY REQUIRED			
•	JOHN RANG Name 3702 Hans	rors (20). Address		
	TAU. FL.	3230 <u></u> State & Zip	<u> </u>	
	(850) 32 Daytime T			
_	E-mail address: (to be used	nASC 62 (

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 The name of the corporation	n shall be:	TILE	SW1	LGEON.	<u> </u>	Tric.	_
ARTICLE II PRINCIP	PAL OFFICE rincipal <u>street</u> a	ddress		Maili	ng address, if	different is:	
3702 H	14550H)	RQ.	_				
TAIL. Fz.	323	o't	_	····			
The purpose for which the	<u>E</u> corporation is	organized is:	CANS	TRUCT	IeN	 	
4				 			
ARTICLE IV SHARE. The number of shares of s ARTICLE V INITIAL	tock is:			_ me and Title:	Paks.	ICHNI	
Address	3702	1-1051757	ON RD	ldress:			
	TAIL.	FL. 3	32304 				
Name and Title:		···	N	ame and Title:			
Address		~ _	A	ddress:			1017
						 1. 3- *	
				ama and Tida		97	- , []
				ame and Title:		•	- ∏
Address						;; ·	***
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The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: 3202 Hanson P.O. TALL. Fr. 32307	Name and Title	·	Name and Title:	<u> </u>
The name and address of the Incorporator is: Name: John R. ME QMASG Address: 3702 Houston RA If the Address: 3702 Houston RA ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 a 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Address		Address:	
The name and Florida street address (P.O. Hox NOT acceptable) of the registered agent is: Name: Address: 3202 Herr Stor LO. TALL FL. 32.3 0T ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Name: TOHN R. ME CMASC Address: 701 How Stor R. ME CMASC Address: Name: TOHN R. ME CMASC TALL, FL. 3230T ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 a 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 this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: 3202				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: 3207 Heve Stor R.O. TALL. FL. 37.3 of ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: TOUN R. ME CMASE Address: 701 Hourston R. ME CMASE Address: 702 Hourston R. ME CMASE Address: TALL. FL. 32304 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 12 1 + 17 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 a 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		·		
Address: 3202 Hansson RD. TARL K. 32.307 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: TOAN R. ME CMASE Address: 3702 Houston RD. TALL K. 32304 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 12 1 + 7 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.) Note: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed a 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 this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			of the registered agent is:	
The name and address of the Incorporator is: Name: JOHN R. ME CAMASC Address: 3702 Howtstow RA TALL F2 - 32304 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 12 1 + 17 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 a 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Name:	TOWN ME CUMPLE	Is-	
The name and address of the Incorporator is: Name: JOHN R. ME CAMASC Address: 3702 Howtstow RA TALL F2 - 32304 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 12 1 + 17 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 a 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Address:	3702 HEUSTON R	-D,	
The name and address of the Incorporator is: Name: JOHN R. ME QMASG Address: 3702 Howston RA Address: 3702 Howston RA If the date, if other than the date of filing: 12 1 4 17 (OPTIONAL) (If an effective date, if other than the date of filing: 18 19 19 19 19 19 19 19		TALL. Fr. 32304		
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document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				/ Date
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Regnired Signature/Incorporator Date	A	anty	(2/14/17
	Kyanired S	Signature/Incorporator	-	Date