

P2 00000000259

(Requestor's Name)

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☐ PICK-UP

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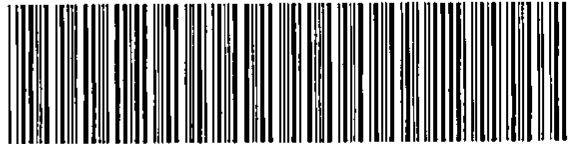
(Business Entity Name)

(Document Number)

Verified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL
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JAN -3 2020

CAPITAL CONNECTION, INC.

7 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(904) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

acement Tiles Solutions, Inc.

- Art of Inc. File
- LTD Partnership File
- Foreign Corp. File
- L.C. File
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- Cert. Copy
- Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- Courier

ature

Requested by: Seth 01/02/20
Date Time
Will Pick Up

COVER LETTER

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

SUBJECT: REPLACEMENT TILES SOLUTIONS, INC.
(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Harry K. Bender, Esq.
Name (Printed or typed)

980 NW North River Drive, Suite 128
Address

Miami, Florida 33136
City, State & Zip

305-648-1133 x 224
Daytime Telephone number

harry@bbcpalaw.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2020 JAN -2 AM 10: 13

ARTICLE I NAME

The name of the corporation shall be: REPLACEMENT TILES SOLUTIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address
500 International Parkway

Mailing address, if different is:

Lake Mary, Florida 32476

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Harold M. Humphrey - CEO and Director

Name and Title: Thomas C. Poppell, III - COO

Address 500 International Parkway

Address: 500 International Parkway

Lake Mary, Florida 32746

Lake Mary, Florida 32476

Name and Title: William M. Carty, Ph.D. - President

Name and Title: Lanier M. Porter - Director

Address 500 International Parkway

Address: 500 International Parkway

Lake Mary, Florida 32746

Lake Mary, Florida 32746

Name and Title: Leman M. Porter - Director

Name and Title: Willis P. King, Jr. - Director

Address 500 International Parkway

Address: 500 International Parkway

Lake Mary, Florida 32746

Lake Mary, Florida 32476

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Harry K. Bender, Esq.

Address: 980 NW North River Drive, Suite 128

Miami, Florida 33136

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Harold M. Humphrey

Address: 500 International Parkway

Lake Mary, Florida 32746

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TALLAHASSEE, FL

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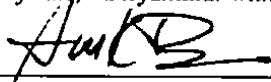
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-2-2020 (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 as 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 in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

1-2-2020

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.



Required Signature/Incorporator

1-2-2020

Date