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Division of Corporations

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Account Number : I20190000080 Phone : (305)603-8791 Fax Number : (877)503-6086

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FLORIDA PROFIT/NON PROFIT CORPORATION MIKEMAR TILES CORP

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01/22/2020 10:24 AM

ARTICLES OF INCORPORATION

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

<u>ICLE II PRIN</u>	CIPAL OFFICE Principal street address	Mailing add	lress, if different is:
1 SW 105 CT			
MI, FL 33165			
PURILE III PURI purpose for which	the corporation is organized is:ANY /	AND ALL LAWFUL BU	SINESSES
	*		
e number of shares	of stock is: 1000		
e number of shares	of stock is: 1000	Name and Title:	
e number of shares	of stock is: 1000		
e number of shares RTICLE V INIT Name and T	of stock is: 1000 IAL OFFICERS AND/OR DIRECTORS ttle: OHADYS ALBERTO-P		
RTICLE V INIT Name and T	IAL OFFICERS AND/OR DIRECTORS tile: OHADYS ALBERTO-P 3541 SW 105 CT		
Name and T Address	of stock is: 1000 IAL OFFICERS AND/OR DIRECTORS Itle: OHADYS ALBERTO-P 3541 SW 105 CT MIAMI, FL 33165	Address:	
Name and Ti	IAL OFFICERS AND/OR DIRECTORS IAL OFFICERS AND/OR DIRECTORS IIIe: OHADYS ALBERTO-P 3541 SW 105 CT MIAMI, FL 33165	Address: Name and Title:	
RTICLE V INIT Name and T Address	IAL OFFICERS AND/OR DIRECTORS TAL: OHADYS ALBERTO-P 3541 SW 105 CT MIAMI, FL 33165 The: MARCOS RODRIGUEZ-VP 3541 SW 105 CT	Address: Name and Title: Address:	
Name and Ti	IAL OFFICERS AND/OR DIRECTORS Itle: OHADYS ALBERTO-P 3541 SW 105 CT MIAMI, FL 33165 Itle: MARCOS RODRIGUEZ-VP 3541 SW 105 CT MIAMI, FL 33165	Address: Name and Title: Address:	
Name and Ti Address Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS TAL OFFICERS AND/OR DIRECTORS TILE: OHADYS ALBERTO-P 3541 SW 105 CT MIAMI, FL 33165 ILE: MARCOS RODRIGUEZ-VP 3541 SW 105 CT MIAMI, FL 33165	Address: Name and Title: Address:	
Name and Ti Address Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS Itle: OHADYS ALBERTO-P 3541 SW 105 CT MIAMI, FL 33165 Itle: MARCOS RODRIGUEZ-VP 3541 SW 105 CT MIAMI, FL 33165	Address: Name and Title: Address:	

Name	and Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT		
ine <u>name anc</u>	l Florida street address (P.O. Box NOT acceptable	c) of the registered agent is:	
Name:	OHADYS ALBERTO		
Address:	3541 SW 105 CT		
	MIAMI, FL 33165		
		20	
ARTICLE VI	<u>I_INCORPORATOR</u>	,	
The name and	d address of the Incorporator is:		
Name:	OHADYS ALBERTO	3	
Address:	3541 SW 105 CT	<u> </u>	
	MIAMI, FL 33165	20 7.111: 03	
ARTICLE VI	II EFFECTI <u>VE DATE:</u>		
Effective date (If an effective filing.)	if other than the date of filing:	. (OPTIONAL) unnot be more than five days prior or 90 days after the	
	date inserted in this block does not meet the applic 's effective date on the Department of State's reco	able statutory filing requirements, this date will not be listed as rds.	
Having been i certificate, I a	named as registered agent to accept service of proce m familiar with and accept the appointment as reg	ess for the above stated corporation at the place designated in this istered agent and agree to act in this capacity	
	QV cook ()	01/22/2020	
	Dequired Signature/Registered Agent	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 to	he Department of State constitutes a third degree f	elony as provided for in s.817.155, F.S.	
	6 Rosal	01/22/2020	
Required Sign	nature/Incorporator \	Date	

Fax: (850) 617-6381

From: Robert Fanjul

Fax: 18775036086

To:

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