

P20000060605
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
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**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

REY TILE SERVICE CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2020 AUG 10 PM 4:27

FILED

2020 AUG 10 AM 11:04

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OFFICE OF THE
CLERK OF THE
SUPREME COURT
JUDICIAL SERVICES

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:REX TILE SERVICE Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3074 SE 15 AVE.Homestead FL 33035**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**REINIER SANCHEZ BAEZ (P)3074 SE 15 TH AVE HOMESTEAD FL 33035FILED
STATE
TALLAHASSEE, FL

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FILED

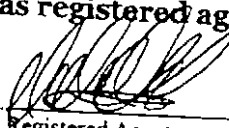
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

REINIER SANCHEZ BAEZ3074 SE 15 AVEHomestead FL 33035**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Reinier Sanchez Baez3074 SE 15 AVEHomestead FL 33035

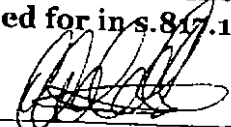
Required Signatures:

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



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 the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.



Incorporator_____
Date

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STATE
TALLAHASSEE, FL