P24000048403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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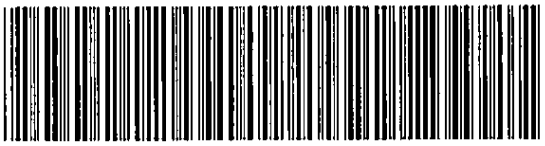

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W24000097201

T-SH
6/28/24

# COVER LETTER

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

SUBJECT: Divine Tile marble & more 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 Filing Fee | ☐ $78.75 Filing Fee & Certificate of Status | ☐ $78.75 Filing Fee & Certified Copy | ☑ $87.50 Filing Fee, Certified Copy & Certificate of Status |

ADDITIONAL COPY REQUIRED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Kevin Herring
Name (Printed or typed)

5400 SW 28 St
Address

West Park FL. 33023
City, State & Zip

305-332-0163
Daytime Telephone number

divine marble tile more Inc @gmail.com
E-mail address: (to be used for future annual report notification)

**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 shall be: Divine Tile marble & more, INC

***ARTICLE II PRINCIPAL OFFICE***

Principal street address
5400 SW 28 St
West Park, Fl 33023

Mailing address, if different is:
5400 SW 28 St
West Park, Fl 33023

***ARTICLE III PURPOSE***
The purpose for which the corporation is organized is: Tile Installation
Co Residential & Commercial

***ARTICLE IV SHARES***
The number of shares of stock is: 100

***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***

Name and Title: President / CEO
Kevin Herring
Address
5400 SW 28 St
West Park FL 33023

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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TALLAHASSEE, FLORIDA

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: Kevin Herring

Address: 5400 SW 28St

West Park FL 33023

*ARTICLE VII INCORPORATOR*

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

Name: Kevin Herring

Address: 5400 SW 28St

West Park FL 33023

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TALLAHASSEE, FLORIDA

*ARTICLE VIII EFFECTIVE DATE:*

Effective date, if other than the date of filing: _____. (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***

Kevin Herring — 6/20/2024

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

Kevin Herring — 6/20/2024

Required Signature/Incorporator — Date

## Johnson, Arcedra

**From:** Kevin Herring [redacted]
**Sent:** Tuesday, July 23, 2024 1:32 PM
**To:** Johnson, Arcedra

EMAIL RECEIVED FROM EXTERNAL SOURCE

I Kevin Herring give Mrs Johnson promision to make corrections to my document.Kevin Herrring 7-23-2024 [redacted]

[redacted]

Sent from my iPhone