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CAPITAL CONNECTION, INC. 417 E. Vitginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222	RE: Bodage
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Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection

## ARTICLES OF INCORPORATION OF

#### Rodriguez Marble and Tile, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### **ARTICLE I NAME**

The name of the corporation shall be:

Rodriguez Marble and Tile, Inc.

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#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

C/O Alberto R. Gonzalez 6153 Waconda Way Lake Worth, FL 33463 (561) 966-6048

#### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Thousand Shares (1000.) at One Dollar (\$1.00) par value per share.

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Alberto R. Gonzalez 6153 Waconda Way Lake Worth, FL 33463

#### **ARTICLE V INCORPORATOR(S)**

The name(s) and street address(cs) of the incorporators to these Articles of incorporation is(are):

President/Director Alberto R. Gonzalez 6153 Waconda Way Lake Worth, FL 33463

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12 day of Allow, 1996.

Moberto Gournez R.
Signature

Signature

### <u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

2. The name and address of	the registered agent and office is:	
Alberto R. Gonzalez		24T
	(NAME)	BIL MI
6153 Waconda Way	(P.O. BOX <u>NOT</u> ACCEPTABLE)	GRU 56
Lake <u>Worth, FL 33463</u>		

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE ANDORO GONZALEZ Q DATE BIZI96