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97 FEB 28 PM 1:16

SECREDARY OF STATE TALLAHASSEE, FLORIDA

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

P. O. Box 6327 Tallahassee, FL 3231	4				
SUBJECT:	T: ELGENETTE WILLIAMS TILE, INC. (Proposed corporate name - must include suffix)				
	1	80	000021012 -02/28/97010 ****131.25 *	481 180016 ****131.25	
Enclosed is an origina	al and one(1) copy of the articles	of incorporation and a	check for:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate PPY REQUIRED		
FROM:	Elgenette Williams Name (Printed	or tmad)			
	109 Central Ave. Addre	ss 0			
	941–983–2546 Daytime Telepl	none number	- 3H	1067	

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

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SEURE PART OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF ELGENETTE WILLIAMS TILE, INC.

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

ARTICLE I NAME

The name of the corporation shall be: Elgenette Williams Tile, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 109 Central Avenue, Clewiston, Florida 33440, in Hendry County.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Elgenette Williams, 109 Central Avenue, Clewiston, Florida 33440.

ARTICLE V INCORPORATOR(S)

The names and street addreses of the incorporators to these Articles of Incorporation are:

Elgenette Williams, President

109 Central Ave., Clewiston, FL 33440

Patricia Brown, Secretary

109 Central Ave., Clewiston, FL 33440

Winnie Everett, Treasurer

109 Central Ave., Clewiston, FL 33440

The undersigned incorporator has executed these Articles of Incorporation this

25th day of February, 1997.

Elgenette Williams

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICEB 28 PM 1: 16

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, IONIDA 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.

1. The name of the corporation is	ELGENETTE WILLIAMS TILE	INC.
2. The name and address of the reg	istered agent and office is:	
ELGENE	TTE WILLIAMS (NAME)	
109 Ce	ntral Ave. Box or Mail Drop Box NOT ACCEPTABLE)	
Clewis	ton, FL 33440 (CITY/STATE/ZIP)	
at the place designated in this certi- to act in this capacity. I further ag	igent and to accept service of process for a ficate, I hereby accept the appointment a ree to comply with the provisions of all st uties, and I am familiar with and accept th	s registered agent and agree latutes relating to the prope
Eginte We	Ocomo 21	26197 (DATE)