

PM000035325

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

200002148232--6
-04/18/97--01110--011
*****70.00 *****70.00

SUBJECT: _____ SCOTT MILLER TILE, INC. _____

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF
INCORPORATION AND OUR CHECK FOR \$ 70.00 _____

FROM; NAME _____ ROBIN S. MILLER _____
ADDRESS _____ 9 HAVENWOOD TR. _____
CITY _____ ORMOND BEACH _____
STATE _____ FLORIDA 32174 _____
TELEPHONE _____ (904) 677-8411 _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR 18 AM 10:56

See 4/21

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR 18 AM 10:56

ARTICLES OF INCORPORATION OF

SCOTT MILLER TILE, INC.

ARTICLE I--NAME

THE NAME OF THIS CORPORATION SHALL BE

SCOTT MILLER TILE, INC.

ARTICLE II--PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE

9 HAVENWOOD TR.

ORMOND BEACH, FL. 32174

ARTICLE III--CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS

60, NO PAR

ARTICLE IV--REGISTERED AGENT

THE NAME AND ADDRESS OF THE REGISTERED AGENT IS

ROBIN S. MILLER

9 HAVENWOOD TR.

ORMOND BEACH, FL. 32174

ARTICLE V-INCORPORATORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO
THESE ARTICLES OF INCORPORATION IS (ARE) :

ROBIN S. MILLER
9 HAVENWOOD TR.
ORMOND BEACH, FL. 32174

THE UNDERSIGNED INCORPORATOR(S) HAS(HAVE) EXECUTED THESE
ARTICLES OF INCORPORATION THIS _____ DAY OF

April 19 97

SIGNATURE _____

Robin S. Miller

SIGNATURE _____

SIGNATURE _____

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97 APR 18 AM 10:56

CERTIFICATION OF DESIGNATION-REGISTERED AGENT/REGISTERED
OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 717.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNING THE REGISTERED AGENT/REGISTERED OFFICE
IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS SCOTT MILLER TILE, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT IS

NAME ROBIN S. MILLER

ADDRESS 9 HAVENWOOD TR.

CITY/STATE ORMOND BEACH, FL. 32174

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 Robin S. Miller

DATE 4-15-87