

TRANSMITTAL LETTER
P97000045908

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

300002 187653--4
-05/22/97--01019--008
*****70.00 *****70.00

SUBJECT: TROPIC TILE & MASONRY INC.
(Proposed corporate name - must include suffix)

Enclosed is an original 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
- \$131.25
Filing Fee, Certified Copy & Certificate

FROM: LARRY SCHAEFFER
Name (printed or typed)

8280 BUSINESS PK DR
Address

PORT ST LUCIE FL 34952
City, State & Zip

561-871-7132
Daytime Telephone number

FILED
97 MAY 22 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials

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

ARTICLES OF INCORPORATION

FILED
97 MAY 22 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

TROPIC TILE & MASONRY INC.

ARTICLE II PRINCIPAL OFFICE

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

8280 BUSINESS PK DR
PORT ST LUCIE FL 34952

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LARRY SCHAFFER
8280 BUSINESS PK DR
PORT ST LUCIE FL 34952

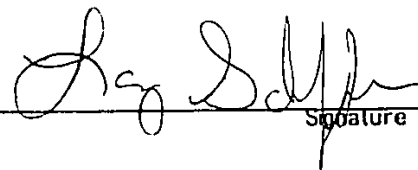
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LARRY SCHAFFER
8280 BUSINESS PK DR
PORT ST LUCIE FL 34952

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

16th day of May, 1997.



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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.

1. The name of the corporation is: TROPIC TILE & MASONRY

2. The name and address of the registered agent and office is:

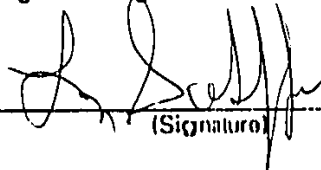
LARRY SCHAEFFER
(Name)

8280 BUSINESS PK DR
(P.O. Box not acceptable)

PORT ST LUCIE FL 34952
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)