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

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SUBJECT: BILL BRADY CUSTOM TILE TABLE TOPS, TNC.,
(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 of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:		rinted or typed)	# #
	6150 S.W. 37TH S	T. SUITE SC 15 Address	DAULE
	954-47 Daytime T	25 - 6220 elephone number	

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

4P/27

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose forming a corporation under the Florida Business Corporation the following Articles of incorporation.	ation Act, hereby adopts
ARTICLE I NAME The name of the corporation shall be:	
BILL BRADY CUSTOM TILE TABLE TOPS, INC.,	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	
6150 SW 37 TH St Suite # 15 Davie, FI 33314	
ARTICLE III SHARES	<u>. </u>
The number of shares of stock that this corporation is authorized to have outstanding at	t any one time is:
(1000) One Thousand	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent are:	TALL
Bill Brady 6150 SW 37th ST Suite # 15 Davie, FL 33314	99 JAN 22
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	AM IO
Bill Brady 6150 SW 37th St Suite # 15 Davie, Fl 33314	TATE ORIG
ARTICLE VI EFFECTIVE DATE	D
Effective date shall be January 15, 1999	
- Bill Braden 1/15/10	3 <i>0 0</i>
Signature/Incorporator	Date
Having been named as registered agent and to accept service of process for the above stated corporation a	

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/Registered Agent