P990000 44287

TRANSMITTAL LETTER

Proposed corporate name - must include suffix

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

300002872963--7 -05/12/99--01084--018 ****122.50 *****78.75

Enclosed is an originator: [] \$70.00 Filing Fee	al and one (1) co \$78.75 Filing Fee & Certificate	py of the articles of 4*122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	a check	
FROM	: M + A	(printed or typed)	·NC.	99 HAY SECRE TALLAH	
	439	High Vieu) LN	12 ASSE ASSE	HEXTERNAL TO BE
	LAKE	ity, State & Zip	33803	PH 3: 47 OF STATE EFLORID	J
	941-5 Daytim	258 - 01 e Telephone number	34	A	

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

ARTICLES OF INCORPORATION

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:

M & A TILE, INC.

ARTICLE II PRINCIPAL OFFICE

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

439 High View LN Lake land, FC 33803

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIOD. MAGAN 439 High View LN LAKELAND, FL 33803

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

MARIO D. MAGAN 439 High VIEW LN LAKE LAND, FL 33803 Alberto PINON 439 High VIEW LN LAKE LAND, FL 33803

The undersigned incorporator(s) has(have) executed these Articles of incorporation thi
11 day of MAy, 19 99.
(An additional article must be added jf\an effective date is requested.)
Signature Signature
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	M & A TILE, IN	८.	~
2. The name and address of the regis	stered agent and office is:		
MAR	10 D MAGAN	99 MAY SECRE TALLAH	
439 (P.O. B	High View LN ox or Mail Drop Box NOT ACCEPTABLE)	12 ASSE	
Lake	(CITY/STATE/ZIP)	PM 3: 47 OF STATE EFLORIO	

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.

(DATE) 5/11/99 (DATE)