

TRANSMITTAL LETTER

P99000057641

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

900002912909--6
-06/23/99--01027--001
*****70.00 *****70.00

SUBJECT: APPIAN WAY MOSAICS 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 of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

99 JUN 23 AM 9:21
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

FILED

FROM: KELLI VINCE
Name (Printed or typed)

3963 DOMESTIC AVENUE
Address

NAPLES, FLORIDA 34104
City, State & Zip

941-643-6989
Daytime Telephone number

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

ajc
06/25

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

APPIAN WAY MOSAICS INC.

ARTICLE II PRINCIPAL OFFICE

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

3963 DOMESTIC AVENUE
NAPLES, FLORIDA 34104

ARTICLE III SHARES

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

10,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

KELLI VINCE
3963 DOMESTIC AVENUE
NAPLES, FLORIDA 34104

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

KELLI VINCE
3963 DOMESTIC AVENUE
NAPLES, FLORIDA 34104

Kelli Vince

Signature/Incorporator

6.20.99

Date

(An additional article must be added if an effective date is requested.)

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

Kelli Vince

Signature/Registered Agent

6.20.99

Date

99 JUN 23 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED