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LAZARUS CORPORATE FILING SERVICE, INC.

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(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LIMONTE TILE, CORP.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

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 Certificate of State

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials

**ARTICLES OF INCORPORATION
LIMONTE TILE, CORP.**

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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: **LIMONTE TILE, CORP.**

ARTICLE II PURPOSE

The corporation shall engage in any activity or business permitted under the Laws of the State of Florida and of the United States of America.

ARTICLE III PRINCIPAL OFFICE

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

1885 NE 121 STREET #21	NORTH MIAMI	FL	33181
Street address	City	State	Zip Code

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to issue and have outstanding at one time is **500** shares of common stock, and which common stock shall have a par value of \$ **1.00** per share.
All stock is to be issued as fully paid and exempt from assesment.

ARTICLE V DURATION

The existence of the corporation is perpetual.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name of the initial registered agent is: **ORIOL LIMONTE**
and street address is: **1885 NE 121 ST #21 NORTH MIAMI, FL 33181**

ARTICLE VII INITIAL OFFICER(S) /DIRECTOR(S).

The name and street address(es) of the member(s) of the first Board of Directors and slate of corporate officer(s) are as follows:

<u>Name</u>	<u>Title</u>	<u>Address</u>
ORIOL LIMONTE	P/S/T/D	1885 NE 121 ST #21 NORTH MIAMI, FL 33181

ARTICLE VIII SECTION 1244

The stock of the corporation may be issued pursuant to the provisions under Section 1244 of the Internal Revenue Code in order for the stockholders of the corporation may receive the benefits thereunder.

ARTICLE IX INCORPORATOR (S)


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

ORIO LIMONTE 1885 NE 121 ST #21 NORTH MIAMI, FL 33181

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

16TH day of August

, 1999



Signature

Signature

Signature

**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: LIMONTE TILE, CORP.

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

(Name)

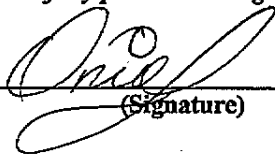
1885 NE 121 ST #21

(P.O. Box or Mail Drop Box NOT acceptable)

NORTH MIAMI, FL, 33181

(City/State/Zip)

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)

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32311

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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