P99000090021,

TRANSMITTAL LETTER

Department of State Division of Corporations P. U. Box 6327 Tallahassee, FL 32314 Ron's Ceramic Tile, Inc. SUBJECT: (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 \$78.75 \$78.75 \$87.50 Filmg.Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Ron Haff Name (Printed or typed) 217 Pavonia_Rd. Address Nokomis, FL City, State & Zip

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

AN 10/13

Daytime Telephone number

(941)485-4493

FILED

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Ron's Ceramic Tile, Inc.

ARTICLE II PRINCIPAL OFFICE

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

217 Pavonia Rd. Nokomis, FL 34275

ARTICLE III SHARES

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

5000 Shares of no par stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ron Haff 217 Pavonia Rd.

Nokomis, FL 34275

ARTICLE V INCORPORATOR

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

Ron Haff 217 Pavonia Rd. Nokomis, FL 34275

Signature/Incorporator

10-1-99

Dale

(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

Signature/Registered Agent

10-1-99

Datè