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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : PEDRO LUZQUINOS
Account Number : I20170000042
Phone : (954)655-8413
Fax Number : (954)432-8807

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PLUZQUINOIF@GMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
TILE EXPRESS DELIVERY CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
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COVER LETTER

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

SUBJECT: TILE EXPRESS DELIVERY CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

FROM: RODRIGUEZ, FERNANDO

Name (Printed or typed)

18140 NW 66 CT

Address

HIALEAH, FL 33015

City, State & Zip

(954) 655-8413

Daytime Telephone number

southfloridatlc25@gmail.com

E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: TILE EXPRESS DELIVERY CORP

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>18140 NW 66 CT</u> <u>HALEAH, FL 33015</u>	Mailing address, if different is:
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RODRIGUEZ, FERNANDO (P) Name and Title: _____

Address: 18140 NW 66 CT Address: _____

HALEAH, FL 33015

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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 PALM BEACH COUNTY, FL

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Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RODRIGUEZ, FERNANDO

Address: 18140 NW 66 CT
HIALEAH, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RODRIGUEZ, FERNANDO

Address: 18140 NW 66 CT
HIALEAH, FL 33015

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 TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

<u>Fernando Rodriguez</u> Required Signature/Registered Agent	<u>01/21/2025</u> Date
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I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

<u>Fernando Rodriguez</u> Required Signature/Incorporator	<u>01/21/2025</u> Date
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