

P150000001498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

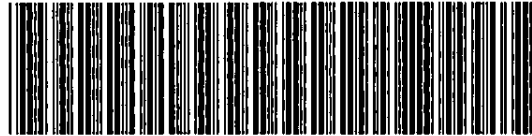
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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APPROVAL
AND
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15 JAN -5 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Handwritten signature

COVER LETTER

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

SUBJECT: Abbley Rescreening Inc.
(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: Vanessa Marzheuser
Name (Printed or typed)
93 Jacobs Ln
Address
Sarasota FL 34240
City, State & Zip
941-328-2377
Daytime Telephone number
screenmanr@yahoo.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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TALLAHASSEE, FLORIDA

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:

Abbley Rescreening Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

93 Jacobs Ln.
Sarasota FL 34240

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To repair and replace
bug screening on pool cages, and
screen enclosures, window screens

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Vanessa Marchus

Address:

President
93 Jacobs Ln
Sarasota FL 34240

Name and Title:

Ron Schrack - Vice President

Address:

93 Jacobs Ln
Sarasota FL 34240

Name and Title:

Michael Montoux

Address:

director
3030 N. Orient Ave
Sarasota FL 34235

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

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: Vanessa Marzheuser
Address: 93 Jacobs Ln
Sarasota FL 34240

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Vanessa Marzheuser
Address: 93 Jacobs Ln
Sarasota FL 34240

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

Vanessa Marzheuser
Required Signature/Registered Agent

1-1-15
Date

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.

Vanessa Marzheuser
Required Signature/Incorporator

1-1-15
Date