

P150000001498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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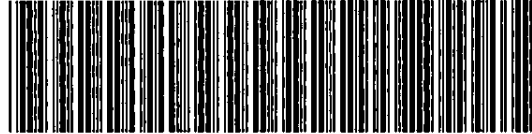
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JAN -5 PM 1:28

APPROVAL  
AND  
FILED

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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$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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AND  
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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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AND  
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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