

PO0000072414

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

500003336385--9  
-07/26/00--01033--023  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

**SUBJECT: THE SCREEN DOCTOR OF CENTRAL FLORIDA, INC**  
(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  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**FROM:** Edward W. Kern  
Name ( Printed or typed )

3226 Chadwick Rd.  
Address

Apopka, Florida 32703  
City, State & Zip

(407) 788-7419  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

00 JUL 26 AM 7:57

FILED

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

T BROWN JUL 31 2000

# ARTICLES OF CORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

THE SCREEN DOCTOR OF CENTRAL FLORIDA, INC.

## ARTICLE II PRINCIPLE OFFICE

The principal place of business/mailling address is:

3226 CHADWICK RD.

APOPKA, FLORIDA 32703

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is:

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$1.00 ( one ) par value per share.

## ARTICLE V INITIAL OFFICERS/DIRECTORS ( Optional )

The name(s) and address(es):

EDWARD W. KERN PRESIDENT

3226 CHADWICK RD.

APOPKA, FLORIDA 32703

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

EDWARD W. KERN

3226 CHADWICK RD.

APOPKA, FLORIDA 32703

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EDWARD W. KERN

3226 CHADWICK RD.


APOPKA, FLORIDA 32703

\*\*\*\*\*

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 to act in this capacity.

  
Signature/Registered Agent

7/24/00  
Date

  
Signature/Incorporator

7/24/00  
Date

FILED  
00 JUL 26 AM 7:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA