

P01000056416

TRANSMITTAL LETTER

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

600004340326--4  
-06/04/01--01119--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: TOMS SCREEN REPAIRS, 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 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUN -4 AM 11:58

FILED

FROM: JOEL SCHWEFEL

Name (Printed or typed)

5369 OAKMONT VILLAGE CIRCLE

Address

LAKE WORTH, FL. 33463

City, State & Zip

561-227-0604

Daytime Telephone number

F. GIESSEN JUN 7 2001 /

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

# 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: **TOMS SCREEN REPAIRS, INC.**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **433 54TH STREET  
WEST PALM BEACH , FL. 33407**

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
**SERVICE/ FOR PROFIT**

## ARTICLE IV SHARES

The number of shares of stock is: **100**

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): **MR. THOMAS A. SMITH  
433 54TH STREET  
WEST PALM BEACH, FL. 44307**

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:  
**MR. THOMAS A. SMITH  
433 54 TH STREET  
WEST PALM BEACH, FL. 33407**

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**MR JOEL SCHWEFEL  
5369 OAKMONT VILLAGE CIRCLE  
LAKE WORTH, FL. 33463**

\*\*\*\*\*  
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

Thomas A. Smith  
Signature/Registered Agent

5/29/01  
Date

Joel Schwefel  
Signature/Incorporator

5/29/01  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUN -4 AM 11:58

FILED