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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AP 12/11

TRANSMITTAL LETTER

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

SUBJECT: John Lavina Rescreening & Repairs, 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: John Lavina
Name (Printed or typed)

18545 Jay Avenue
Address

Port Charlotte, FL 33948
City, State & Zip

941-661-5156
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 307 and/or Chapter 521, F.S. (Profit)

ARTICLE I - NAME

The name of the corporation shall be:
John Lavina Rescreening & Repairs, Inc.

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ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailing address is:
18545 Jay Avenue
Port Charlotte, FL 33948

ARTICLE III - PURPOSE

The purpose(s) for which this corporation is organized is:
To provide the service of rescreening and repairing screens, and
To engage in any other lawful business for which corporations may be formed under the laws of
the State of Florida.

ARTICLE IV - SHARES

The number of shares of stock is:
100 shares

ARTICLE V - INITIAL OFFICERS/DIRECTORS

The name(s), address(es), and title(s):
John Lavina, President
18545 Jay Avenue
Port Charlotte, FL 33948

ARTICLE VI - REGISTERED AGENT

The name and Florida address of the registered agent is:
John Lavina
18545 Jay Avenue
Port Charlotte, FL 33948

ARTICLE VII - INCORPORATOR

The name and address of the incorporator is:
John Lavina
18545 Jay Avenue
Port Charlotte, FL 33948

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 appointment as registered agent and agree to act in this capacity.


Signature/Registered Agent

12/13/12
Date


Signature/Incorporator

12/13/12
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA