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| (Re | questor's Name) | | | |
|-----------------------------------------|--------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ry/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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SECRETARY OF STATE

Office Use Only



TRANSMITTAL LETTER

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

| SUBJECT: ALPI | HA & OMEGA Screen and F | Repair , Inc. | |
|----------------------|-------------------------------------|----------------------------|------------------|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| | | | |
| - | | -1Ci | a alaada Cam |
| Enclosed are an orig | ginal and one (1) copy of the artic | cles of incorporation and | a cneck for: |
| □ \$70.00 | \$78.75 | □ \$78.75 | 2 \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| _ | & Certificate of Status | & Certified Copy | Certified Copy |
| | | | & Certificate of |
| | | l | Status |
| | | ADDITIONAL CO | PY REQUIRED |
| | | l | |
| FROM: N | ick R. Vaughn | | |
| | Name | (Printed or typed) | <u></u> |
| | | | |
| 17049 Bay Ave. | | | |
| Address | | | |
| | Montverde , FL 34756 | | |
| | City, State & Zip | | |
| | 407- 832- 6236 | | |
| | Daytima T | alanhana number | |

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:
ALPHA & OMEGA Screen and Repair, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 17049 Bay Ave. Montverde, FL. 34756

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact any lawful buisness.

ARTICLE IV SHARES

The number of shares of stock is:

50 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Matthew R. Webb 633 Dunlap dr. Apopka, FL. 32712 President

Nick R. Vaughn 17049 Bay ave. Montverde, FL. 34756 Vice President

ARTICLE VI REGISTERED AGENT

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

Nick R. Vaughn 17049 Bay ave. Montverde, FL. 34756

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Matthew R. Webb 633 Dunlap dr. Apopka, FL. 32712

| ************************************** | e above stated corporation at the place designated in this |
|-------------------------------------------------------------------------------|------------------------------------------------------------|
| certificate, I am familiar with and accept the appointment as registered ager | nt and agree to act in this capacity |
| Wik 1. 1/2 | 2/04/04 |
| Signature/Registered Agent | Date |
| Matthew R. Well | 2/04/04 |
| Signature/Incorporator | Date |