

PD400060477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

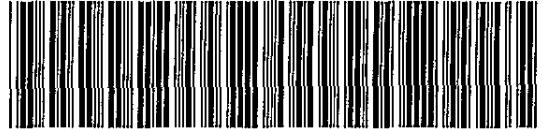
(Document Number)

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

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Office Use Only

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04/05/04--01022--019 \*\*78.75

FILED

2004 APR -5 P 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# TRANSMITTAL LETTER

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

**SUBJECT:** Screened To Perfection, 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 Filing Fee  
☒ \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: \_\_\_\_\_ Joshua Strobridge  
Name (Printed or typed)

\_\_\_\_\_ 499 Clemson Drive  
Address

\_\_\_\_\_ Altamonte Springs, FL 32714  
City, State & Zip

\_\_\_\_\_ 321-228-8370  
Daytime Telephone 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:

Screened To Perfection, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

499 Clemson Drive

Altamonte Springs, FL 32714

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Start New Business

### ARTICLE IV SHARES

The number of shares of stock is:

500 Shares

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Joshua Strobridge

499 Clemson Drive

Altamonte Springs, FL 32714

President

### ARTICLE VI REGISTERED AGENT

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

Joshua Strobridge

499 Clemson Drive

Altamonte Springs, FL 32714

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joshua Strobridge

499 Clemson Drive


Altamonte Springs, FL 32714

\*\*\*\*\*

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

✓   
\_\_\_\_\_  
Signature/Registered Agent

✓ 4/1/04  
\_\_\_\_\_  
Date

✓   
\_\_\_\_\_  
Signature/Incorporator

✓ 4/1/04  
\_\_\_\_\_  
Date

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