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| (Requestor's Name) | | | |
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| (Ad | dress) | | |
| (Cit | y/State/7in/Dhan | - * | |
| (Cit | y/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL . | |
| (Bu | siness Entity Nar | ne) | |
| | | | |
| (Do | cument Number) | | |
| | | | |
| Certified Copies | _ Certificates | s of Status | |
| | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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BECRETARY OF STATE



COVER LETTER

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

| SUBJECT: JB S | CREENS INC | | |
|---------------------|-------------------------------------|-----------------------------|---------------------------------|
| | (PROPOSED CORPORAT | ΓΕ NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| | | | |
| | | | |
| Enclosed are an ori | ginal and one (1) copy of the artic | cles of incorporation and | a check for: |
| \$70.00 | □\$78.75 | ₹78.75 | \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| J | & Certificate of Status | & Certified Copy | Certified Copy & Certificate of |
| | econoliti Neovi provinsi pit or | ADDITIONAL CO | Status G OPY REQUIRED |
| FROM: T | ROYERS BUSINESS SERV | ICES INC (Printed or typed) | |
| | 1569 SHADOW RIDGE CI | IR | |
| Address | | | |
| | | | |
| | SARASOTA FL 34240-946 | | |
| | City, | State & Zip | |
| | 941-378-417 ¹ | | |
| | Daytime To | elephone number | |
| | : : | | |
| | | | |

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

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ARTICLES OF INCORPORATION

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

ZID H

06 MAY 26 AM 11: 37

SECRETARY OF STATE FALLAHASSEE FLORIDA

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

JB SCREENS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1129 RHODES AVE SARASOTA FL 34237

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR THE PURPOSE OF TRANSACTING ANY OR ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES OF \$1.00 PAR VALUE COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JON BURKHOLDER - PRESIDENT

1129 RHODES AVE

SARASOTA FL 34237

LENA BURKHOLDER - SEC/TREAS

1129 RHODES AVE

SARASOTA FL 34237

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JON BURKHOLDER 1129 RHODES AVE SARASOTA FL 34237

ARTICLE VII INCORPORATOR

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

JON BURKHOLDER 1129 RHODES AVE SARASOTA FL 34237

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