P070000 46787

| (Re | equestor's Name) | | | |
|---|------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FIORE

COVER LETTER

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

| automan Scre | ens-n-Such, Inc. | | |
|----------------------|--|---|---|
| SUBJECT: OOIO | (PROPOSED CORPORA | ΓΕ NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the artic | cles of incorporation and | a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |
| FROM M | ichael Magee | | |
| ricolvi. | | (Printed or typed) | ··· |
| | 3023 Twin Oaks Dr. S. | Address | |
| | Middleburg, Fl. 32068 | | |
| | City, 904-962-7788 | State & Zip | |
| | Daytime T | elephone 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)

FILED

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Screens-N-Such, Inc.

2007 APR 16 AM 11: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3023 Twin Oaks Dr. S. Middleburg, Fl. 32068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael Magee-Pres

David Yertzell-Ofc.

Bradley Swain-Ofc.

3023 Twin Oaks Dr. S.

3147 Cristo Ln.

3023 Twin Oaks Dr. S.

Middleburg, Fl. 32068

Jacksonville,FI. 32277

Middleburg, Fl.32068

ARTICLE VI REGISTERED AGENT

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

Michael Magee-Pres 3023 Twin Oaks Dr. S. Middleburg, Fl. 32068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Magee-Pres 3023 Twin Oaks Dr. S. Middleburg, Fl. 32068

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

| Mich & Mexice | 4-9-07 |
|----------------------------|--------|
| Signature/Registered Agent | Date |
| Mich of Magee | 4-9-07 |
| Signature/incorporator | Date |