

P07000099880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

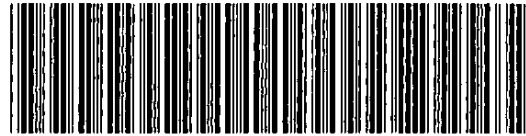
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: A-1 RE-SCREENING 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

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Gene O'Neil

Name (Printed or typed)

4122 SW 23 Pl.

Address

Cape Coral, Florida 33914

City, State & Zip

239-549-3358

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:

A-1 RE-SCREENING

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4122 SW 23 PL. CAPE CORAL, FL. 33914

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RE-SCREENING&REPAIR

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GENE O'NEIL 4122 SW 23 PL. CAPE CORAL, FL. 33914 PRESIDENT

ARTICLE VI REGISTERED AGENT

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

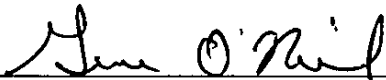
GENE O'NEIL 4122 SW 23 PL. CAPE CORAL, FL. 33914

ARTICLE VII INCORPORATOR

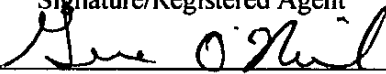
The name and address of the Incorporator is:

GENE O'NEIL 4122 SW 23 PL. CAPE CORAL, FL. 33914

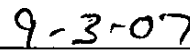
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



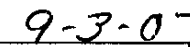
Signature/Registered Agent



Signature/Incorporator



Date



Date

FILED
07 SEP -6 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA