

P12000071091

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only

W12000037545



000237394280

07/13/12--01018--002 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 16 PM 1:14

8/17/12

COVER LETTER

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

SUBJECT: Ortiz Rescreen 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: Rafael Ortiz ALICEA
Name (Printed or typed)

101 SE ONTARIO WAY
Address

STUART FL, 34987
City, State & Zip

772-353-7634
Daytime Telephone number

rortiz1098@gmail.com
E-mail address: (to be used for future annual report notification)

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12 AUG 16 PM 1:14
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2012

RAFAEL ORTIZ ALICEA
101 SE ONTARIO WAY
STUART, FL 34987

SUBJECT: ORTIZ RESCRSEEN INC.
Ref. Number: W12000037545

We have received your document for ORTIZ RESCRSEEN INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Please correct the spelling of the city name wherever it appears in your document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 112A00018869

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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:

ORTIZ RESCREEN INC.

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DIVISION OF CORPORATIONS

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ARTICLE II PRINCIPAL OFFICE

Principal street address

101 SE ONTARIO WAY
STUART FL 34987

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESCREENING OF POOL ENCLOSURES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAFAEL ORTIZ ALICEA

Address: 101 SE ONTARIO WAY
STUART FL 34987

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: RAFAEL ORTIZ ALICEA

Address: 101 SE ONTARIO WAY
STUART FL 34987

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAFAEL ORTIZ ALICEA

Address: 101 SE ONTARIO WAY
STUART FL 34987

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

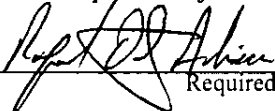


Required Signature/Registered Agent

8-13-12

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

8-13-12

Date