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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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WAIT

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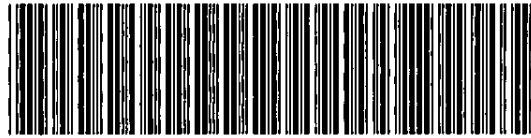
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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CLERK OF DISTRICT COURT

K 10/01/12

## COVER LETTER

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

SUBJECT: DAVID LEIGH RESCREENING 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: David William Leigh  
Name (Printed or typed)

4361 S.E. Chesapeake Bay DR.  
Address

Stuart, Fla. 34997  
City, State & Zip

(772) 985-5290  
Daytime Telephone number

SCREENDAWG1957@aol.com  
E-mail address (to be used for future annual report notification)

**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:

DAVID LEIGH RESCREENING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4361 SE CHESAPEAKE WAY  
STUART FL 34997

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

RESCREEN POOL ENCLOSURES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DAVID LEIGH

Address: 4361 SE CHESAPEAKE WAY  
STUART FL 34997

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: DAVID LEIGH

Address: 4361 SE CHESAPEAKE WAY  
STUART FL 34997

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID LEIGH

Address: 4361 SE CHESAPEAKE WAY  
STUART FL 34997

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

X David William Leigh  
Required Signature/Registered Agent

9/13/12  
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.

X David William Leigh  
Required Signature/Incorporator

9/13/12  
Date

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12 SEP 28 PM 2:17  
TALLAHASSEE, FLORIDA