P1300013334

(Requestor'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:
CONRECTED ARTICLE IX (SHARES) TO READ "1"
PER TELEPHONE
CONVERSATION WITH JUSTIN BERGERON
102/08/13

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

x 02/08/3

COVER LETTER

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

SUBJECT: Any	Screen Inc.		
50 26 201.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: J	ustin M. Bergero		
0-		e (Printed or typed)	
3	74 Rio Vista Ave		
_		Address	
<u>P</u>	unta Gorda Fl,3		
	City,	State & Zip	

941 249 0219

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

Daytime Telephone number

justb85@gmail.com
E-mail address: (to be used for future annual report notification)

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

The name of the corporation shall be: AnyScre		· · · · · · · · · · · · · · · · · · ·				
Principal street address 374 rio vista ave.		Mailing address, if different is:				
ounta gorda fl, 33982						
ARTICLE III PURPOSE The purpose for which the corporation is organized is: The AnyScreen inc. is organized to offer the community a skilled trade service rescreening pool cages, porches, lanais, front entry ways, window screens and garage sliders.						
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		FEB - 7 PP CRETARY OF LAHASSEE.				
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Name and Title: Address Address	Name and Title: Address: Name and Title:	EB -7 PM 3: 09 RETARY OF STATE AHASSEE. FLORIDA				

Name and	d Title:	Name and Title:	
Address		Address:	
			······································
ARTICLE VI	REGISTERED AGENT		
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Justin M.Bergeron	_	
Address:	374 rio vista ave	_	***
	punta gorda fl, 33982	- -	
ARTICLE VII	INCORPORATOR		AHASSEE. FLC
The name and ad	dress of the Incorporator is:		
Name:	Justin M. Bergeron		3: 09 FLORID
Address:	374 rio vista ave	_	19 10A
	punta gorda fl,33982	_	
	ned as registered agent to accept service of proce am familiar with and accept the appointment as r		
- Musta	M. Dennerals		1-29-2013
	Required Signature/Registered Agent		<i>J-29 - 2013</i> Date
	ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo		
// 4-	m Z		120 2 10
YMITis_	Required Signature/Incorporator		1-29-2013 Date
	Required Signature Theor porator		Daic