

PI3000081941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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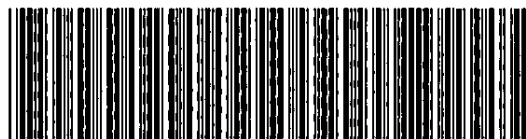
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 OCT -3 PM 2:19

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COVER LETTER

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

SUBJECT: Michael's Rescreening & Repair, 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: Karen Gowie
Name (Printed or typed)
2790 NW 105th Lane
Address
Sunrise, Fl 33322
City, State & Zip
(954) 677-5193
Daytime Telephone number
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: Michael's Rescreening & Repair, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

2790 NW 105th Lane

Sunrise, Fl 33322

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Rescreening of Pool and patio Enclosures,
Aluminum Railings, Storm and accordion Shutters.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karen Gowie, President

Name and Title: _____

Address 2790 NW 105th Lane
Sunrise, Fl 33322

Address: _____

Name and Title: Michael Gowie, Vice President

Name and Title: _____

Address 2790 NW 105th Lane
Sunrise, Fl 33322

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Karen Gowie
Address: 2790 NW 105th Lane
Sunrise, Fl 33322

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Dave R Ford
Address: 14508 Midland Greens Pl
Tampa, Fl 33625

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

K. Gowie
Required Signature/Registered Agent

09/03/2013

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.

D. Ford
Required Signature/Incorporator

09/03/2013

Date