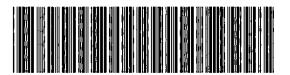
## P1500054355

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	<u> </u>

Office Use Only

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## **COVER LETTER**

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

SUBJECT: Steve's	Screens Inc.		
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:		e (Printed or typed)	and the control of th
153	25 Todd Tr	Address	
Spr	ing Hill, FL 34610	Addiess .	
	City	, State & Zip	
727	-847-6216		
	Daytime 1	Telephone number	
slev	vka@tampabay.rr.com		
<del></del>	E-mail address: (to be use	ed 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)

Name and Title:		<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing addre	ss, if different is:
ICLE IV SHARES Purpose for which the corporation is organized is:    ICLE IV SHARES   100				
ICLE IV SHARES  IDU  ILLE IV SHARES  IDU  ILLE IV SHARES  IDU  ILLE IV SHARES  IDU  ILLE IV INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:  Steven D. Lewka President Name and Title:  Address  IS325 Todd TR Address:  Spring Hill FL 34610  Name and Title:  Name and Title:  Address  Name and Title:  Name and Title:	ig Hill FL 34010		- Marian Marian Anna Anna Anna Anna Anna Anna Anna A	
Name and Title:  Name and Title:  Address  Name and Title:  Address  Name and Title:	ICLE III PURF ourpose for which	OSE the corporation is organized is:	ninum and screen installation business	•
Name and Title:				
Name and Title:				
Address   15325 Todd TR				
Address         Address:           Spring Hill FL 34610         5           Name and Title:         Name and Title:           Address:         5           Address:         79           12.         10           Name and Title:         Name and Title:	umber of shares o	f stock is:		
Name and Title:  Address:  Address:  Name and Title:  Name and Title:  Name and Title:  Name and Title:	umber of shares o  CLE V INITI  Name and Titl	f stock is: 100  AL OFFICERS AND/OR DIRECTO  e: Steven D. Lewka Presiden  15325 Todd TR	+ Name and Title:	
Name and Title:  Address:  Address:  Name and Title:  Name and Title:  Name and Title:  Name and Title:	umber of shares o  CLE V INITI  Name and Titl	f stock is:	+ Name and Title:	
Address:  Address:  P  R  Name and Title:  Name and Title:	umber of shares o  CLE V INITI  Name and Titl	f stock is:	+ Name and Title:	
Name and Title: Name and Title:	umber of shares of CLE V INITI  Name and Titl  Address	f stock is: AL OFFICERS AND/OR DIRECTOR  e: Steven D. Lewka President  15325 Todd TR  Spring Hill FL 34610	+         Name and Title:	15
Name and Title: Name and Title:	CLE V INITE  Name and Title  Name and Title	f stock is:  AL OFFICERS AND/OR DIRECTOR  e:  Steven D. Lewka President  15325 Todd TR  Spring Hill FL 34610	Name and Title:  Address:  Name and Title:	15 JUN 15
	CLE V INITE  Name and Title  Name and Title	AL OFFICERS AND/OR DIRECTOR  e: Steven D. Lewka President  15325 Todd TR  Spring Hill FL 34610	+         Name and Title:	15 July 15
	CLE V INITE  Name and Title  Name and Title	AL OFFICERS AND/OR DIRECTOR  e: Steven D. Lewka Presiden  15325 Todd TR  Spring Hill FL 34610	Name and Title:  Address:  Name and Title:  Address:	15 JUN 15 PH 12:
Address Address:	with the control of t	AL OFFICERS AND/OR DIRECTOR  e: Steven D. Lewka Presiden  15325 Todd TR  Spring Hill FL 34610	Name and Title:  Address:  Name and Title:  Address:	15 JUN 15 PH 12: 00

Name a	nd Title:	Name and Title:	
Address		Address:	~!····································
	REGISTERED AGENT  Torida street address (P.O. Box NOT acce	antable) of the registered agent is:	
Name:	Steven D. Lewka	eptable) of the registered agent is.	
Address:	15325 Todd Tr		
	Spring Hill FL 34610		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	Steven D. Lewka	<del> </del>	
Address:	15325 Todd Tr		
	Spring Hill FL 34610		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if (If an effective of days after the fi	Fother than the date of filing:  date is listed, the date must be specific as ling.)		AL) iness d <b>a</b> ys prior or 90 business
Note: If the date	e inserted in this block does not meet the ap effective date on the Department of State's	oplicable statutory filing requiremerecords.	ents, this date will not be listed as
Having been nan this certificate, I	med an registered agent to accept service of am/jamiliar with and accept the appointment	of process for the above stated cor ent as registered agent and agree	poration at the place designated in to act in this capacity
/	1/		6~/2-15 Date
	Required Signature/Registered A	gent	Date
I submit this doc document to the i	cument and affirm that the facts stated he Department of State constitutes a third deg	rein are true. I am aware that th ree felony as provided for in s.817	e false information submitted in a 1.155, F.S.
_	12		6-12-15
Requi	ired Signature/Incorporator	· · · · · · · · · · · · · · · · · · ·	6-12-15 Date