

P/6000071634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

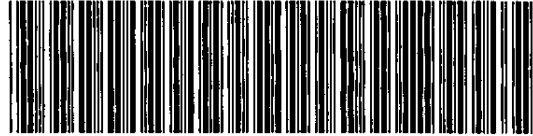
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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✓ 08/31/16

COVER LETTER

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

Screens Direct, Inc.

SUBJECT: _____
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

Karl Ramonas
FROM: _____
Name (Printed or typed)

3783 Oleander Ave

Address

Fort Pierce, FL 34982

City, State & Zip

772-261-4723 X 101

Daytime Telephone number

karl@screens.direct

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

Screens Direct, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3783 Oleander Ave

Fort Pierce, FL 34982

ARTICLE III PURPOSE

Mobile Device Repair

The purpose for which the corporation is organized is: _____

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ARTICLE IV SHARES

5000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Rochelle Ramonas PD</u>	Name and Title: <u>Karl Ramonas STVD</u>
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Address <u>3783 Oleander Ave</u>	Address: <u>3783 Oleander Ave</u>
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Fort Pierce, FL 34982	Fort Pierce, FL 34982
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Name and Title: _____	Name and Title: _____
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Address _____	Address: _____
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Name and Title: _____	Name and Title: _____
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Address _____	Address: _____
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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: Karl Ramonas
Address: 3783 Oleander Ave
Fort Pierce, FL 34982

ARTICLE VII INCORPORATOR

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

Name: Karl Ramonas
Address: 3783 Oleander Ave
Fort Pierce, FL 34982

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

11/22/2016

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

11/22/2016

Date