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03/22/17

COVER LETTER

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

SUBJECT:	Screen and Aluminum Repairs, Inc	:	
50D0EC1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	• • • • • • • • • • • • • • • • • • • •	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	k Geismar Nam SW 34 St.	e (Printed or typed)	——————————————————————————————————————
	· · · · · · · · · · · · · · · · · · ·	Address	
Paln	n City, FL 34990		
 -	City,	, State & Zip	
772	260-7449		
	Daytime T	elephone number	
geisi	mark l@gmail.co,		
-	F-mail address: (to be use	d for future annual report r	otification)

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

National Screen & Aluminum Repairs, Inc. 660 SW 34 St., Palm City, FL 34990

Phone: 772 260-7449/Email: geismark1@gmail.com

State reg.#: CBC024032

March 15, 2017

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Phone: (850)245-6052

To whom it may concern,

This letter is to notify you that I hereby dissolve National Screen and Aluminum Repairs, Inc., document #P93000029361.

Please proceed with the current registration.

Histo German

Cordially,

Kirk Geismar

7 MAR 20 AMIL: 3

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

TICLE IL PRIN			
	Principal street address	Mailing ac	ddress, if different is:
SW 34 St., Palm (
	A Table Table 1		
		ding Construction	
	· · · · · · · · · · · · · · · · · · ·	- AL PI	TALL SE
			HAR 2
			20 AI
TICLE IV SHA	RES 4 of stock is:	11-11-11-11-11-11-11-11-11-11-11-11-11-	AH II: 39 UF STATE E. FLORIDA
TICLE V INIT	IAL OFFICERS AND/OR DIRECTO	<u>DRS</u>	
Name and Ti	tle: Kirk Geismar, President	Name and Title:	
Address 660 SW 34 St. Palm City, FL 34990	660 SW 34 St.	Address:	
	Palm City, FL 34990		
Name and Tit	ie:	Name and Title:	
Address		Address:	<u></u>
Address			
Addices			
	le:		
		Name and Title:	

Name a	and Title:	Name and Title:
Addre	ss	Address:
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acc	ontable) of the registered exect io:
Name:	Kirk Geismar	ephable) of the registered agent is.
Address:	660 SW 34 St.	
	Palm City, Fl 34990	SEI: SALL
ARTICLE VII	INCORPORATOR	FILED MAR 20 AM II: 39 JRELARY OF STATE AHASSEE, FLORID
The <u>name and a</u>	address of the Incorporator is:	EE G AL
Name:	Kirk Geismar	
Address:	660 SW 34 St.	AHII: 39
	Palm City, FL 34990	
Effective date, i	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific a	. (OPTIONAL) nd cannot be more than five days prior or 90 days after the
Note: If the dat	te inserted in this block does not meet the a effective date on the Department of State's	applicable statutory filing requirements, this date will not be listed as records.
		of process for the above stated corporation at the place designated is nent as registered agent and agree to act in this capacity
Kuh	Jeisma	2/6/17
	Required Signature/Registered A	Agent Date
submit this do	ocument and affirm that the facts stated h Department of State constitutes a third de	erein are true. I am aware that the false information submitted in a gree felony as provided for in s.817.155, F.S.
Thirt	Seema	2/6/17
Requ	uired Signature/Incorporator	Date