Electronic Filing Cover Sheet

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(((H22000322001 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone : (800)342-9856

Fax Number

: (800)354-3381

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

ON THE FENCE INC.

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Electronic Filing Menu

Corporate Filing Menu

Help



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

<u>CLEJI PRINC</u>	IPAL OFFICE			
	Principal street address	Mailing address, if different is:		
ATTIMORE DRIVE		1065 LATTIMORE DRIVE CLERMONT, FL 34711		
RMONT, FL 34	711			
CLE III PURPO irpose for which th	OSE the corporation is organized is: ANY AN	ND ALL LAWFUL BUS	INESS	
-	-			
		-		
-			<u> </u>	
CLEIV SHARE	es.		•	
umber of shares of s	L OFFICERS AND/OR DIRECTORS	<u> </u>	.* = 1	
umber of shares of s	stock is: 200	Name and Title:		
umber of shares of s	stock is: 200 L OFFICERS AND/OR DIRECTORS	Name and Title: Address:		
umber of shares of s CLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS BRIAN KRAMER, P	•		
umber of shares of s CLE V INTIIA Name and Title Address	BRIAN KRAMER, P 1065 LATTIMORE DRIVE CLERMONT, FL 34711	Address:		
umber of shares of s CLE V INTIIA Name and Title Address	BRIAN KRAMER, P 1065 LATTIMORE DRIVE CLERMONT, FL 34711	Address:		
Name and Title:	BRIAN KRAMER, P 1065 LATTIMORE DRIVE CLERMONT, FL 34711	Address: Name and Title:		
Name and Title: Name and Title:	BRIAN KRAMER, P 1065 LATTIMORE DRIVE CLERMONT, FL 34711	Address: Name and Title:		
Name and Title: Address	BRIAN KRAMER, P 1065 LATTIMORE DRIVE CLERMONT, FL 34711	Address: Name and Title: Address:		
Name and Title: Address	BRIAN KRAMER, P 1065 LATTIMORE DRIVE CLERMONT, FL 34711	Address: Name and Title: Address:		

Name and Title:		Name and Title:		
Address		Address:		
	<u></u>			
		•		
	REGISTERED AGENT			
ne <u>name and Fi</u> Name:	lorida street address (P.O. Box NOT acceptable) of BRIAN KRAMER	the registered agent is:		
Address:	1065 LATTIMORE DRIVE	· _		
	CLERMONT, FL 34711	-		
ARTICLE VII	<u>INCORPORATOR</u>			
he <u>name and ac</u>	ddress of the Incorporator is:		-	
Name:	LAWRENCE A. KIRSCH			
Address:	41 STATE STREET, SUITE 700	ר.ח פגי ישט פארן		
	ALBANY, NEW YORK 12207	- % - % - %		
. D.T.C. E 1/1/1	FFFFCTUT DATE.	6		
ffective date, if	EFFECTIVE DATE: Other than the date of filing:	(OPTIONAL)		
lf an effective d iling.)	late is listed, the date must be specific and canno	t be more than five days prior or 90 days after the	·	
	inserted in this block does not meet the applicable iffective date on the Department of State's records.	statutory filing requirements, this date will not be listed as		
	-			
laving been na n ertificate, I am f	ned as registered agent to accept service of process for familiar with and accept the appointment as register	or the above stated corporation at the place designated in this ed agent and agree to act in this capacity	İ	
SIBria	n Kramer	09/16/2022		
	Required Signature/Registered Agent	Datc		
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.	,	
7	Tamence Or Kisch	09/16/2022		
equired Signatu	ne/incorporator	Date	Cathar	

[142200032220013]