

# P22000077485

Florida Department of State  
Division of Corporations  
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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.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ABOVE ALL REMODELING INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Oct. 7. 2022 11:16AM

(GEALD WEINBERG

344830.3)

No. 4559

P. 2

**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: ABOVE ALL REMODELING INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3506 SABAL SPRING BOULEVARD

3506 SABAL SPRING BOULEVARD

NORTH FT. MYERS, FL 33917

NORTH FT. MYERS, FL 33917

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: FRANK LOCASCIO, P

Name and Title: \_\_\_\_\_

Address 3506 SABAL SPRING BOULEVARD

Address: \_\_\_\_\_

NORTH FT. MYERS, FL 33917

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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(GEALD WEINBERG, 3448303)

No. 4559 P. 3

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: FRANK LOCASCIO

Address: 3506 SABAL SPRING BOULEVARD  
NORTH FT. MYERS, FL 33917

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAWRENCE A. KIRSCH

Address: 41 STATE STREET, SUITE 700  
ALBANY, NEW YORK 12207

**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 days prior or 90 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

Frank Locascio  
Required Signature/Registered Agent

10/07/2022  
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.

Lawrence A. Kirsch  
Required Signature/Incorporator

10/07/2022  
Date

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