

P 240000 35612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

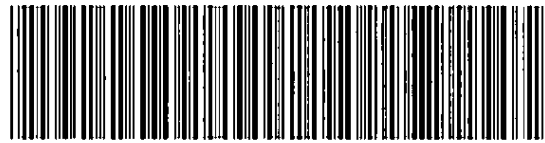
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Certified Copies _____

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212

COVER LETTER

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

SUBJECT: ASSA Ablay Service Center Inc
(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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Sharnell F Browdy
Name (Printed or typed)

77 Spring St
Address

Altamonte, FL 32701
City, State & Zip

Daytime Telephone number

AssaAblayService@aigmail.com
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

The name of the corporation shall be: Assa Abloy Service Center inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
77 Spring St
Altamonte Fl 32701

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: all business

ARTICLE IV SHARES

The number of shares of stock is: 1100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sharnell F Browdy "P" Name and Title: _____

Address -17 Spring St Address: _____
Altamonte Fl 32701

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Sharnell Browdy
Address: 77 Spring St
Altamonte Fl 32701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sharnell Browdy
Address: 77 Springs
Altamonte 32701

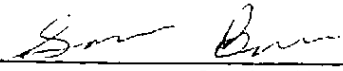
ARTICLE VIII EFFECTIVE DATE:

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


Required Signature/Registered Agent

05/24/2024
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

05/29/2024
Date