

N10000005677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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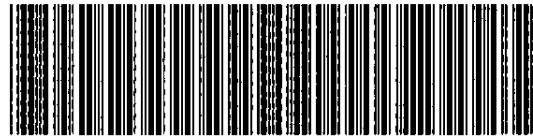
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6-14-10 CR

## COVER LETTER

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

**SUBJECT:** THINK PANDAS, INC  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

**FROM:** ROBERT JOSEPH GOSSELIN, SR  
Name (Printed or typed)

12021 RISING OAKS DR E  
Address

JACKSONVILLE, FL 32223  
City, State & Zip

(904) 923 - 7028  
Daytime Telephone number

rjgosselin@gmail.com  
E-mail address: (to be used for future annual report notification)

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

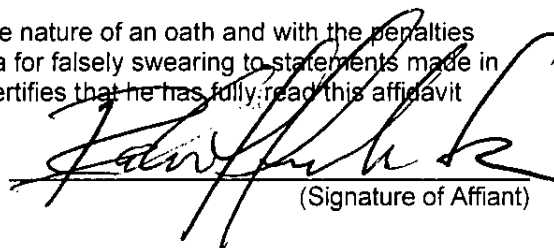
## Florida For-Profit Corporation – Affidavit of Dissolution

STATE OF FLORIDA

COUNTY OF DUVAL

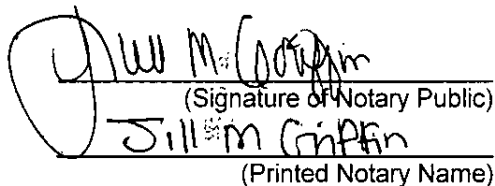
Before me, the undersigned authority, personally appeared Robert Joseph Gosselin, Sr., who being by me first duly sworn, on oath deposes and says that:

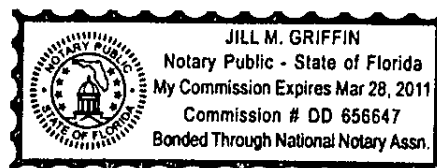
1. He is the incorporator of THINK PANDAS, INC, a Florida for-profit corporation.
2. Said corporation has been dissolved.
3. The members and managers of THINK PANDAS, INC hereby renounce all rights and privileges related to the filing of THINK PANDAS, INC, a Florida for-profit corporation, including name and any trademarks, and affirm their determination not to reinstate said corporation.
4. Robert Joseph Gosselin is authorized by the articles or organization or regulations to execute deeds and mortgages on behalf of the limited liability company, and all necessary consents have been obtained.
5. Neither the limited liability company nor any of the members are currently debtors in any bankruptcy proceeding, and this conveyance or mortgage is for the purpose of winding up the company's affairs.
6. Affiant further states that he is familiar with the nature of an oath and with the penalties as provided by the laws of the State of Florida for falsely swearing to statements made in an instrument of this nature. Affiant further certifies that he has fully read this affidavit and understands its contents.

  
(Signature of Affiant)

STATE OF FLORIDA  
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 8<sup>th</sup> day of June, 2010 by Robert Joseph Gosselin, Sr., who is personally known to me or who has produced documents to prove such identification.

  
(Signature of Notary Public)  
Jill M Griffin  
(Printed Notary Name)



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10 JUN 11 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be:  
THINK PANDAS, INC

**ARTICLE II    PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
13351-D RIVERSIDE DRIVE #802  
SHERMAN OAKS CA 91423 US

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:  
ENCOURAGE ENVIRONMENTAL RESPONSABILITY

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
APPOINTED BY PRESIDENT

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

List name(s), address(es) and specific title(s):

President : STEINBERG, KARI 13351-D RIVERSIDE DRIVE #802 SHERMAN OAKS CA 91423 US  
CEO: FRIED, ROCHELLE 13351-D RIVERSIDE DRIVE #802 SHERMAN OAKS CA 91423 US  
Secretary: MARSHALL, ZOE 13351-D RIVERSIDE DRIVE #802 SHERMAN OAKS CA 91423 US

**ARTICLE VI    INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DR. ROBERT GOSSELIN, SR  
12021 RISING OAKS DR E JACKSONVILLE, FL 32223

**ARTICLE VII    INCORPORATOR**

The name and address of the Incorporator is:

DR. ROBERT GOSSELIN, SR  
12021 RISING OAKS DR E JACKSONVILLE, FL 32223

\*\*\*\*\*  
*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.*

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
06/08/2010

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
06/08/2010

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA