(Re	questor's Name)	
(Åd	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Coples	_ Certificates	of Status
Special Instructions to I	Filling Officer:	

Office Use Only



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FILED

SECRETARY OF STATE

"ILAHIASSEE, FLORIDA

WD3-133

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## TRANSMITTAL LETTER

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

SUBJECT: JoJ	lak ,lnc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM:	Joseph Dube	(Printed or typed)	<u> </u>
	2317 Homestead Terrace		
	Palm Harbor , Florida 34	683 , State & Zip	<u> </u>
	727-772-6782		<u></u> a
	Daytime '	Telephone number	

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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 2, 2003

JOSEPH DUBE 2317 HOMESTEAD TERRACE NORTH PALM HARBOR, FL 34683

SUBJECT: DUBRO, INC. Ref. Number: W03000013348

We have received your document for DUBRO, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Document Specialist New Filings Section

Letter Number: 203A00028857

ARTICLE I NAME		
The name of the corporation shall be:		
JoJak,Inc.		
The principal place of business/mailing address is:		₫
2317 Homestead Terrace N Palm Harbar Florida 34683		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:  Any Legal Business		
ARTICLE IV SHARES		-
The number of shares of stock is: 1,000 shares authorized		
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)		
The name(s), address(es) and title(s):		
Joseph Dube 2317 Homestead Terrace N	FAE SE	3
Palm Harbor , Florida 34683		••
Tam Halbor, Florida 54005	JUN ZU RETARY AHASSEI	
	SEE SY C	S [
ARTICLE VI REGISTERED AGENT	E SE	? O
The <u>name and Florida street address</u> of the registered agent is:	OR S	
Joseph Dube 2317 Homestead Terrace N. Palm Harbor, Florida 34683	ADA TE	
ARTICLE VII INCORPORATOR	4	
The name and address of the Incorporator is:  2317 Homestead Terrace N		
Palm Harbor , Florida 34683		
**************************************		
ertificate, I am familiar with and accept the appointment as registered agent and agree to act is		
Joseph a De	6/16/03	
Signature/Registered Agent	/ Ďate	
	1111	
(Jo D) pla (1) ( ) 1 is	6/16/02	