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TRANSMITTAL LETTER

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

SUBJECT:	JOHN BRIN		
	(PROPOSED CORPORAT) and one(1) copy of the article		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: _	To HW M Name (Prin Scifo Financial 1489 Palm Co. Suite Palm Coast,	nted or typed) Services, Inc. ast Parkway # 5	• . •
City, State & Zip			

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

386 446 - 0317

Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida	0 7
Business Corporation Act, hereby adopts the following Articles of Incorporation.	SE AL
	CC A
ARTICLE I NAME	SECRETARY OF STATI TALLAHASSEE, FLORIC 03 OCT 17 PM 2:59
The name of the corporation shall be:	7
JOHN BRINK, INC.	Dom €
JOHO DRIP ICTOR	2
	57 SS 75
ADMINIST BRINGINAL OBSINE	9 8
ARTICLE II PRINCIPAL OFFICE	ھن
The principal place of business and mailing address of this corporation shall be: 2- WOODWORTH DE.	
22 WOODWORTH DE.	
PARM COAST, FL 32,64	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at	any one time is:
100	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDI	<u>vess</u>
The name and Florida street address of the initial registered agent are:	
TOHU BRINK	
22 WOORTH DR	
PALA CILST, EL 32164	
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	
at 1 / a	
TO #N MISCIFO 1459 PAIN COAST PARKWAY ST PAYMON AST, EL 3 + 137	e#5
THEP COAST SAFF	
PAUPICNAST, EL 31/3)	
	1 1
NULUL/VM/NMK2	15/63
	7 - 1
Signature/Incorporator D	MIC

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date