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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE ALLANASSEE, FLORIDA

Mark Charles

TRANSMITTAL LETTER

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

SUBJECT: RUSSELFOODISTON SR. Construction, Inc.

Enclosed are an origin	al and one (1) copy of the ar	ficles of incorporation and	fa check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Fifing Fee & Certified Copy ADDITIONAL CO	☐ \$87,50 Filing Fee, Certified Copy & Certificate of Status

FROM: Russell Johnston, SR.

A761 Pine Needle St

Address

Mims, FL 32754

321-795-3438

Daytime Telephone number

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



October 4, 2004

RUSSELL JOHNSTON, SR. 4761 PINE NEED ST. MIMS, FL 32754

SUBJECT: RUSSELL T.J. JOHNSTON SR. CONSTRUCTION, INC.

Ref. Number: W04000036447

We have received your document for RUSSELL T.J. JOHNSTON SR. CONSTRUCTION, INC.. However, the document has not been filed and is being returned for the following:

The document must state the number of shares of authorized stock.

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) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 504A00057509

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: Russell T.J. Johnston, Sr. Construction ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Pine Needle St 32754 Mims ARTICLE III PURPOSE The purpose for which the corporation is organized is: handuman The number of shares of stock is: ARTICLE V **INITIAL OFFICERS AND/OR DIRECTORS** List name(s), address(es) and specific (itle(s): Russell Johnston, SR., Proprietor 4761 Pine Needle St. Mims, FL 32754 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: INCORFORATOR The name and address of the Incorporator is:

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