

P0700000 21921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

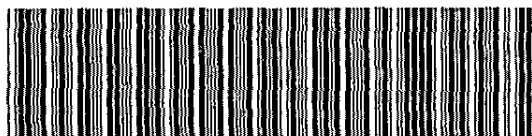
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## COVER LETTER

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

SUBJECT: JUSTIN HERRON, 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: JUSTIN E. HERRON  
Name (Printed or typed)

PO BOX 538  
Address

PORT SALERNO, FL 34992  
City, State & Zip

772-486-0370  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2007

JUSTIN E. HERRON  
PO BOX 538  
PORT SALERNO, FL 34992

SUBJECT: JUSTIN HERRON, INC.  
Ref. Number: W07000005653

We have received your document for JUSTIN HERRON, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return 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 850-245-6052.

Paisley A Alford  
New Filing Section  
Division of Corporations

Letter Number: 607A00008191

# 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:

JUSTIN HERRON, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

~~PO BOX 538 PORT SALERNO, FL 34992~~  
4630 SE Glenridge Trail Stuart FL 34997

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL PURPOSE

## ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED (100) SHARES

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JUSTIN E. HERRON / PRESIDENT  
PO BOX 538  
PORT SALERNO, FL 34992

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07 FEB 16 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE VI REGISTERED AGENT

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

DOLORES HERRON  
4630 SE GLENRIDGE TR  
STUART, FL 34997

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

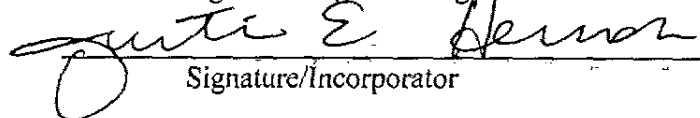
JUSTIN E. HERRON  
PO BOX 538  
PORT SALERNO, FL 34992

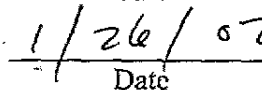
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

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

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date