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| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |
| (Business Entity Name)                  |                    |             |  |  |
|   |                    |             |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
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2007 IIAY 31 PN 1: 5
SECRETARY OF STATE

T. Burch JUN 0 1 2007.

## **COVER LETTER**

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

| SUBJECT: JOHI      | NSTON AVE INC                              |  |  |
|--------------------|--|--|--|
|                    | (PROPOSED CORPORA                          | TE NAME – MUST INCL                                |  |
| \$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 |
| FROM:              | ·  | E. EMANUEL JR (Printed or typed)                   | ··· <del>·</del>   |
|                    |  | GALT CIRCLE Address                                |  |
|                    |  | LUCIE, FL 34984<br>, State & Zip                   |  |
|                    |  | 528-3547   |  |

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

### 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: JOHNSTON AVE INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3085 SE GALT CIRCLE PORT ST. LUCIE, FL 34984

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### **ARTICLE III PURPOSE**

The specific purpose for which the corporation is organized is: INCLUDING BUT NOT LIMITED TO DISTRIBUTION OF CONSUMER PRODUCTS.

### **ARTICLE IV SHARES**

The number of shares of stock is: 1000 SHARES

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

CHARLES E. EMANUEL JR DIRECTOR 3085 SE GALT CIR PORT ST LUCIE, FL 34984

NIAMBI EMANUEL DIRECTOR 3211 WHISPER LAKE LANE APT. G WINTER PARK, FL 32792

AKWEITA EMANUEL DIRECTOR P.O. BOX 677422 ORLANDO, 32867

MAKEBA EMANUEL DIRECTOR P.O. BOX 677801 ORLANDO, FL 32867 WYDEE'A WILSON DIRECTOR 920 SW McCALL ROAD PORT SAINT LUCIE, FL 34953

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CHARLES E EMANUEL JR 221 SE OSCEOLA STREET STUART, FL 34994

### ARTICLE VII INCORPORATOR

The name and address of the Incorporators are:

CHARLES E. EMANUEL JR DIRECTOR 3085 SE GALT CIR PORT ST LUCIE, FL 34984

NIAMBI EMANUEL DIRECTOR 3211 WHISPER LAKE LANE APT. G WINTER PARK, FL 32792

AKWEITA EMANUEL DIRECTOR P.O. BOX 677422 ORLANDO, 32867

MAKEBA EMANUEL DIRECTOR P.O. BOX 677801 ORLANDO, FL 32867

WYDEE'A WILSON DIRECTOR 920 SW McCALL ROAD PORT SAINT LUCIE, FL 34953 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

| comment as regulation and agent and agree to act in just capacity |                  |
|---|------------------|
| Olythan   | 11/8/04          |
| Signature/Registered Agent  | Date             |
| High End  | /1/20/04<br>Date |
| Signature/kncorporator  | Date             |
| MATRI   | 10/20/06         |
| Signature/Incorporator  | Date /           |
| Malera Grane  | 10/20/06         |
| /Signature/Incorporator   | Date             |
| maria E mon   | 10-22-0la        |
| Signature/Incorporato   | Date             |
| MAS   | 11/8/06          |
| Signature/Incorporator  | Date             |