

P08000102350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

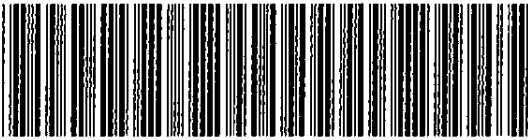
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W08000050145

EP 11/18/08



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2008

RUTH M. AUSTIN
PO BOX 113
LARGO, FL 33779

SUBJECT: PJ'S SAFE HAVEN INC.
Ref. Number: W08000050145

We have received your document for PJ'S SAFE HAVEN INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

An effective date may be added to the Articles of Incorporation if a 2009 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 308A00055948

COVER LETTER

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

SUBJECT: P.J's Safe Haven 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Ruth M. Austin
Name (Printed or typed)

P.O. Box 113
Address

Largo FL 33779
City, State & Zip

727-793-8193
Daytime Telephone number

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:

PJ's Safe Haven INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Street address: 8260 Quail Rd, Seminole, FL 33777

mailing address: P.O. Box 113, Largo FL 33779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A Boarding House

ARTICLE IV SHARES

The number of shares of stock is:

1 - one

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ruth M. Austin - Director/President/Owner

mailing address: P.O. Box 113, Largo FL 33779

street address: 5590 Island Ave, Seminole, FL 33772

ARTICLE VI REGISTERED AGENT

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

Lloyd P. Burkes

5590 Island Ave

Seminole, FL 33772

ARTICLE VII INCORPORATOR

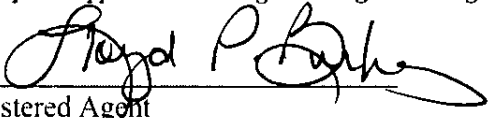
The name and address of the Incorporator is:

Ruth M. Austin
5590 Island Ave
Seminole, FL 33772

Effective

* Article VIII - File Date: January 1, 2009

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

Lloyd P. Burkes 
Signature/Registered Agent

NOV 1, 2008

Date

Ruth M. Austin
Signature/Incorporator

NOV 1, 2008

Date

Ruth M. Austin

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