

P11000056885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

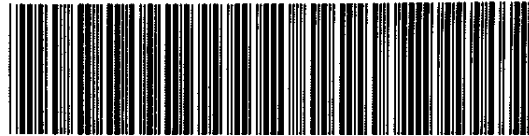
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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Handwritten initials

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## COVER LETTER

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

SUBJECT: Brien Johnston Irrigation 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: Brien Johnston

Name (Printed or typed)

8413 Southwood Pines Street

Address

Lithia, FL 33547

City, State & Zip

813-732-8400

Daytime Telephone number

kelly\_j@sims Crane.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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11 JUN 17 AM 11:13

DIVISION OF CORPORATIONS

June 3, 2011

BRIEN JOHNSTON  
8413 SOUTHWOOD PINES ST  
LITHIA, FL 33547

SUBJECT: BRIEN JOHNSTON IRRIGATION INC.  
Ref. Number: W11000030516

We have received your document for BRIEN JOHNSTON IRRIGATION 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

*Attached*

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6995.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 011A00013672

June 14, 2011

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

Re: P04000000470

To Whom It May Concern:

I Brien Johnston am the Registered Agent and only Officer for the above referenced FL Corporation that was administratively dissolved in 2010. Please accept this affidavit that I have no intention of reinstating and therefore am releasing the name for use to another entity.

Regards,

  
Brien Johnston

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

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7/15/11  
3:11 PM

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** Brien Johnston Irrigation Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8413 Southwood Pines Street  
Lithia, FL 33547

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose for which the Corporation is organized is to engage in and transact any or all lawful business for which corporation may be incorporated under the Florida Business Corporation Act and other incorporation laws of the State of Florida. No other purpose limits this general purpose in any way.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 Common Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Brien Johnston  
Address: 8413 Southwood Pines Street  
Lithia, FL 33547

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Brien Johnston  
Address: 8413 Southwood Pines Street  
Lithia, FL 33547

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

Brien Johnston

Required Signature/Registered Agent

05/27/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Brien Johnston

Required Signature/Incorporator

05/27/2011

Date

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CLERK OF THE COURT  
JULY 17 2011

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APPROVED  
JUL 17 2011