

PI2000/03037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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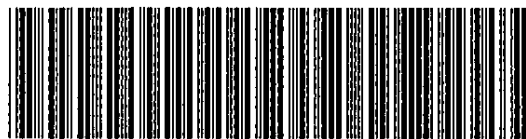
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
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COVER LETTER

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

SUBJECT: JUSTIN D. DUNCAN ENTERPRISES, 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 D. DUNCAN
Name (Printed or typed)
944 PRIMROSE STREET
Address
LAKE PLACID, FLORIDA 33852
City, State & Zip
863-243-3118
Daytime Telephone number
michaelq@roofcore.com
E-mail address: (to be used for future annual report notification)

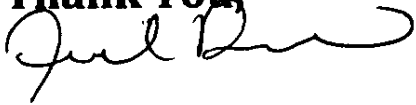
NOTE: Please provide the original and one copy of the articles.

**JUSTIN D. DUNCAN ENTERPRISES, INC.
944 PRIMROSE STREET
LAKE PLACID, FL 33852**

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TALLAHASSEE, FLORIDA

**Please make corporation effective as of January 1,
2013.**

Thank You,



**Justin D. Duncan
President**

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 D DUNCAN ENTERPRISES, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
944 PRIMROSE STREET
LAKE PLACID, FL 33852

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide a variety of services to general public.

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUSTIN D. DUNCAN- PRESIDENT
Address: 944 PRIMROSE STREET
LAKE PLACID, FL 33852

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

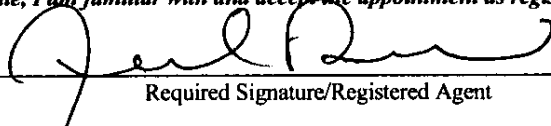
Name: JUSTIN D DUNCAN
Address: 944 PRIMROSE STREET
LAKE PLACID, FL 33852

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

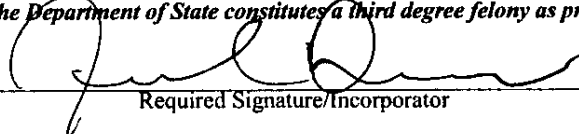
Name: JUSTIN D DUNCAN
Address: 944 PRIMROSE STREET
LAKE PLACID, FL 33852

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


Required Signature/Registered Agent

DECEMBER 15, 2012
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.


Required Signature/Incorporator

DECEMBER 15, 2012
Date

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