P1300003528

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DEPARTMENT OF STATE

13 JAN 10 PM 2: 19

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COVER LETTER

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

subject: <u>То</u>	stice <u>Kustomz and</u>	More Tr.	
	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d 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 CO	PY REQUIRED
FROM: Ja	amie Justice	e (Printed or typed)	
_8	1480 Cate Atkinson	J Dr. Address	
<u>.</u>	Tallahassee FL. City,	31310 State & Zip	
	850 - 491-6048 Daytime T	elephone number	
<u>.</u> 	Jami Turtice Olive.com E-mail address: (to be use	d for future annual report i	notification)

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

ARTICLES OF INCORPORATION

	in compliance with Chapter 607 and	3/or Chapter 621, F.S. (Profit	
	VAME poration shall be: Justice Kustomz	and more, Inc.	
	PRINCIPAL OFFICE	, ,	13 JAN 10 PH 2: 19
ARTICLETT	Principal street address	Mailing ad	
	5643 Gum Rd.		dress, if different is: SEUKETARY OF STATE
	Talla hassee FL. 32504		TALLAHASSEE FLORIDA
ARTICLE III P The purpose for whi	URPOSE ch the corporation is organized is:		
Automotive Pair	nt and Body Repairs		
	• • •		
ARTICLE IV S The number of shares	EHARES s of stock is: 100		
ARTICLE V I	NITIAL OFFICERS AND/OR DIRECTOR	RS	
Name and Title	Jamie Justice President/Treasurer	Name and Title:	
Address:	5480 Lake Altinson Dr.		
	Tallahorsce FL. 32310		
	Ronald Scott Preacher I	<u></u>	
Name and Title			
Address:	5169 Jackson Bluff Rd. Tallahassee FL	-	
	32310		
Non- and Title			· · · · · · · · · · · · · · · · · · ·
Name and Title Address:	3:	4 4 4	
radios.			
		-	
ARTICLE VI R	EGISTERED AGENT		
	da street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Jamle Justice	-	
Address:	SUBO Lake Attinson Dr.	-	
	Tallahassee Fc. 52310	~	
	NCORPORATOR		
	ess of the Incorporator is:		
Name: Address:	SUBSO Lake AHEIMSON Dr.		
Audicss.	Tellohassee F1. 32310	~	
this certificate, I am	as registered agent to accept service of proces. familiar with and accept the appointment as re	s for the above stated corpor gistered agent and agree to a	ation at the place designated in ct in this capacity
Jaw North	5		1-117-17
7	Required Signature/Registered Agent	•	Date
I submit this docume document to the Dep	ent and affirm that the facts stated herein are artment of State constitutes a third degree felot	true. I am aware that the for ny as provided for in s.817.15	alse information submitted in a 5, F.S.
Dani Ms	ties		,).a. !=-
The wall	Required Signature/Incorporator		1-10-13 Date