

P15000010838

(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



400268084324

01/26/15--01033--018 \*\*87.50

RECEIVED BY STATE  
ATTORNEY GENERAL  
FLORIDA

15 JAN 26 PM 12:30

cmd 2/3

## COVER LETTER

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

SUBJECT: Ghost Blasters 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: Lynda Johnston  
Name (Printed or typed)

P.O. Box 900  
Address

Dunnellon FL 34430  
City, State & Zip

352-489-3210  
Daytime Telephone number

Lynda07@gmail.com  
E-mail address: (to be used for future annual report notification)

**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: Ghost Blasters Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

13991 S.E. 120<sup>th</sup> St  
Dunnellon Fl 34431

P.O. Box 900  
Dunnellon Fl 34430

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Dustless sand blasting on  
cars, commercial equipment

JAN 26 PM 12:30  
FACILITY  
STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Lynda Johnston

Name and Title: President

Address 13991 SE 120<sup>th</sup> St  
Dunnellon Fl 34431

Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: George M. Bilton

Name and Title: Vice President

Address 13991 SE 120<sup>th</sup> St  
Dunnellon Fl 34431

Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(cont.)

Name and Title: Lynda Johnston president Name and Title: \_\_\_\_\_  
Address: 13991 SE 120<sup>th</sup> ST Address: \_\_\_\_\_  
Dunnellon FL 34431 \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Lynda Johnston Lynda Johnston  
Address: 13991 S.E. 120<sup>th</sup> Street  
Dunnellon FL 34431

FILED  
15 JAN 26 PM 12:30  
STATE OF FLORIDA  
TALLAHASSEE

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lynda Johnston  
Address: P.O. Box 900  
Dunnellon FL 34430

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

Lynda Johnston Required Signature/Registered Agent 1/23/15 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.

Lynda Johnston Required Signature/Incorporator 1/23/15 Date