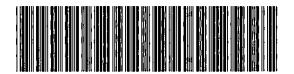
## P15000055819

(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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T SCHROEDER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2015

RANDY D NOE 157 SW FAIRWAY AVE PORT ST LUCIE, FL 34983

SUBJECT: JUNK BUSTERS INC. Ref. Number: W15000042256

We have received your document for JUNK BUSTERS INC. and your check(s) totaling \$78.75. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6052.

Terri J Schroeder Regulatory Specialist II

Letter Number: 215A00012831

## **COVER LETTER**

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

SUBJECT:	Tunk huster	s Inc.		
Englosed are an orig		TE NAME - MUST INCL	·	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	i 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:	57 S.W. FA	(Printed or typed) Address	ve.	

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:  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ters Express Inc
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
157 SLS FAIRLY AVE PSL, FL34983	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
	<b>5</b> - Sen
	ON OF F
	CORPOR.
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	ATTONS
Name and Title: Randy Noe.  Address 150 SW Fairway  PSI FI 34583	Name and Title:
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

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Name and Title:	Name and Titl	le:	•	، سا د - سا	
والمناف أخطيتها أيرا	A 44	** *			
Address	Address:		,		
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ADDICULAR DECICEDED ACENT					
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	the registered a	cent is:			
The Hame and Florida street address (F.O. Box NOT acceptable) of	the registered a	gent is.			
Name: KANDY NOE				; , `	
	11/0				
Address: 157 56 FAIYWRY 7	tre				
PS1 P1 24913		·"	, i,		
10010110			· .	•	•
	*	•		•	
ARTICLE VII INCORPORATOR			`		₹
	4			୍ଦି ।	SK:
The <u>name and address</u> of the Incorporator is:			·	듵	<u></u>
Name: KARRY NOC		-	. *	. <del>[</del>	
Address: 150 500 Falmony A	lve.			. <u> </u>	CORRECTED
PSI FL 34983		· · ·		ं <b>रु</b>	98 <u>5</u>
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and the second of the second o	·*.	,	· ',	- <b></b>	.⊋m
ARTICLE VIII EFFECTIVE DATE:				•	⊼
Effective date, if other than the date of filing:		OPTIONAL)		· '.	husinass
(If an effective date is listed, the date must be specific and cannodays after the filing.)	t de more than	live busine	ss days pro	or or 90	business .
	•	• •			4
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	statutory filing	requirements	s, this date y	vill not b	e listed as
	•				. ;
Having been named as registered agent to accept service of process	for the above s	stated corner	ation at the	nlace di	esionated in
this certificate, I am familiar with and accept the appointment as reg	jor me above s jistered agent ar	nd agree to a	ct in this ca	pacity	raignation to
$\mathcal{D} \cap \mathcal{D}$	•		•		
18.1100	J		<u> </u>	10-	17
Required Signature/Registered Agent				· Date	
Facility is the dearward and affirm that the facts stated hardy are	tara I am ana	na shas sha b	alea inform	ation sul	hmittad in A
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon				anon su	omuieu in u
18 11 mo	٠.	•		10	15
David Signature			<u>-ري-</u>	10-	10
Required Signature/Incorporator	. 1			Date	•
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