

P18000040193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

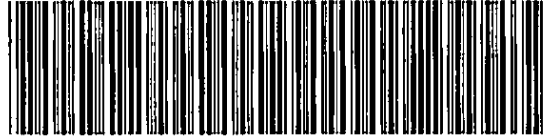
(Business Entity Name)

(Document Number)

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

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18 MAY - 1 AM 6:52  
TALLAHASSEE, FL  
SECRET



D O'KEEFE

MAY - 7 2018

W18-26772

P18 000 040 193

JUSTINK ENTERPRISES INC  
115 N Pinewood Ave  
Brandon, FL 33510

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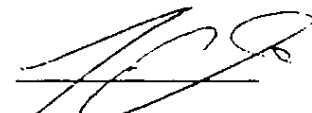
Division of Corporations  
Amendment Section  
PO BOX 6327  
Tallahassee, FL 32314

Ref. Number: P16000020721  
JUSTINK ENTERPRISES INC

To Whom It May Concern,

Please let this letter serve as proof that we have no intention of revoking the dissolution of the corporation, JUSTINK ENTERPRISES INC, therefore releasing the name for use to another entity. If you require any further information in order to process this request, please contact my accountant, Gary Chadee at 115 N Pinewood Ave, Brandon, FL. He can be reached at (813) 684-1367.

Sincerely,

  
JUSTIN O'BRIEN

President  
JUSTINK ENTERPRISES INC

RECEIVED  
18 MAY -1 AM 6:53  
TALLAHASSEE, FL 32314





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 20, 2018

JUSTIN O'BRIEN  
115 N PINWOOD  
BRANDON, FL 33510

SUBJECT: JUSTINK ENTERPRISES INC  
Ref. Number: W18000026772

We have received your document for JUSTINK ENTERPRISES 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.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 418A00005596

RECEIVED  
18 MAY - 1 AM 6:53  
TALLAHASSEE, FL 32301

## COVER LETTER

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

**SUBJECT:** JUSTINK 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Justin O'Brien  
Name (Printed or typed)

115 N Pinewood  
Address

Brandon, FL 33510  
City, State & Zip

706-300-6528  
Daytime Telephone number

jobrien3513@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**

JUSTINK ENTERPRISES INC

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

115 N Pinewood Ave

Brandon, FL 33510

**ARTICLE III PURPOSE**

Any and all lawful purpose.

The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

1000

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Justin O'Brien President

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

Address 115 N Pinewood Ave

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

Brandon, FL 33510

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

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

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

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

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18 MAY -1 AM 6:50  
CLERK OF  
TALLAHASSEE, FL



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: Justin O'Brien

Address: 115 N Pinewood Ave

Brandon, FL 33510

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Justin O'Brien

Address: 115 N Pinewood Ave

Brandon, FL 33510

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18 MAY - 1 AM 6:53  
TALLAHASSEE, FL

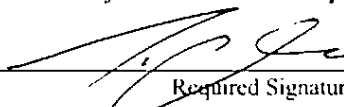
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

3/8/18  
\_\_\_\_\_  
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

3/8/18  
\_\_\_\_\_  
Date