## <u>0046665</u>

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u></u>
Special Instructions to Filing Officer.
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Office Use Only



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## CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870. • 1-800-342-8062 • Fax (850) 222-1222 JUSTINE, INCORPORATED Art of Inc. File\_\_\_\_\_ LTD Partnership File\_\_\_\_\_ Foreign Corp. File\_\_\_\_\_ L.C. File\_\_\_\_\_ Fictitious Name File\_\_\_\_\_ Trade/Service Mark\_\_\_\_\_ Merger File\_\_\_\_\_ Art, of Amend. File\_\_\_\_\_ RA Resignation\_\_\_\_\_ Dissolution / Withdrawal\_\_\_\_\_ Annual Report / Reinstatement\_\_\_\_\_ Cert. Copy\_\_\_\_\_ Photo Copy\_\_\_\_\_ Certificate of Good Standing Certificate of Status\_\_\_\_\_ Certificate of Fictitious Name\_\_\_\_\_ Corp Record Search\_\_\_\_\_ Officer Search\_\_\_\_\_ Fictitious Search\_\_\_\_\_ Fictitious Owner Search\_\_\_\_\_ Signature Vehicle Search\_\_\_\_\_ Driving Record\_\_\_\_\_

Requested by: SETH

Name

Walk-In

06/25/20

Will Pick Up \_

Time

Date

UCC 1 or 3 File\_\_\_\_\_

UCC 11 Search\_\_\_\_\_

UCC 11 Retrieval\_\_\_\_\_

Courier\_\_\_\_\_

## **COVER LETTER**

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

SUBJECT: JUSTINE, INCORPORATED  (PROPOSED CORPORATE NAME – MUST INCLUDE SU				
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of	
FROM:	Adria Nan	Justine Guajardo Allen ne (Printed or typed)		
		kell Bay Orive, 62-A Address		
		ami, FL, 33131 y, State & Zip		
<u> Text</u>	21- Daytime	4-918-3278 Telephone number		
	adria. E-mail address: (to be us	justine@gmail.com ed for future annual report	notification)	

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

Commence of the Commence of th

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

he name of the corporation	on shall be: JUSTINE, INCORE	ORATED			
	rincipal street address	М	Mailing address, if different is:		
Address Fr. Octob	DRIVE, 62-A			<u>_</u>	_
RTICLE III PURPO. he numose for which th	<u>SE</u> e corporation is organized is:TO TR <i>I</i>	ANSACT RUSINE	SS IN THE STATE OF	EI ORIDA	
ne purpose for which th	corporation is organized is:	NONO! BOOME	00 114 1142 0 1741 2 01	reombre	
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				N) C)	
RTICLE IV SIIARI	ES stock is:		•		r · .
ne number of shares of s	SIOCK 15.			$\overline{\Sigma}$	-
OTICLE V INTLA	L OFFICERS AND/OR DIRECTORS		-	12: 04	*144-
Name and Title	ADRIA JALLEN, PRESIDENT	Name and Title	WESLEY ALLEN, VI	CE PRES	DEN
Address	1100 BRICKELL BAY DRIVE, 62-A.	Address:	1100 BRICKELL BAY	DRIVE, 6	2-A
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Miami, FL, 33131		Miami, FL, 33131	-	
		<del>-</del>			
		<del>_</del>			
Name and Title:	ADRIAJALLEN, TREGSURGE	_ Name and Title	S		
	1100 BRICKELL BAY DRIVE, 62-A				
Address	Miami, FL, 33131				
		<del></del>			
		Name and Tit	۵۰		
Name and Title		Name and Th			
Address		Address:			
		<del></del>			

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI RI	EGISTERED AGENT		
The name and Flor	ida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	ADRIA J ALLEN	_	
Address:	1100 BRICKELL BAY DRIVE, 62-A, Miami, FL, 33131		
-		<del></del>	
ARTICLE VII _IN	SCORPORATOR		
The name and add	ress of the Incorporator is:		
Name:	ADRIA J ALLEN	_	
Address:	1100 BRICKELL BAY DRIVE, 62-A, Miami, FL, 33131	_	
Effective data if of	her than the date of filing:  e is listed, the date must be specific and car	(OPTIONAL) nnot be more than five days prior o	r 90 days after the
Note: If the date in the document's effe	serted in this block does not meet the application of the Department of State's record	ble statutory filing requirements, this ds.	date will not be listed as
Having been named certificate, I am fan	l as registered agent to accept service of proce ultar with and accept the appointment as regi	ss for the above stated corporation at i stered agent and agree to act in this c	the place designated in this apacity
		- <u></u> -	JUNE 25, 2020
	Required Signature Registered Agent		Date
I submit this docum document to the De	nent und affirm that the facts stated herein partment of State volvettings a third degree fo	are true. I am aware that the false is slony as provided for in s.817.155, F.S.	Information submitted in a S.
	SIAPIX		JUNE 25, 2020
Required Signature	Incorporator	Date	

To Same