

PO7000071219

(Requestor's Name)

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(City/State/Zip/Phone #)

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WAIT

MAIL

(Business Entity Name)

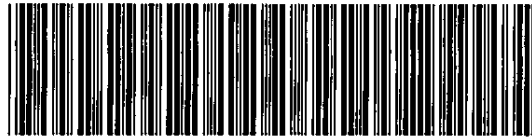
(Document Number)

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2007 JUN 18 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUN 19 2007

6/18

**COVER LETTER**

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

**SUBJECT: Bari Insurance Brokers 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Vito Molfetto  
Name (Printed or typed)

12824 Hibiscus Ave  
Address

Seminole, Florida 33776  
City, State & Zip

727-319-4188  
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2007

VITO MOLFETTO  
12824 HIBISCUS AVE.  
SEMINOLE, FL 33776

SUBJECT: BARI INSURANCE BROKERS  
Ref. Number: W07000026713

We have received your document for BARI INSURANCE BROKERS. However, the document has not been filed and is being returned for the following:

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of 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) 245-6934.

Loria Poole  
Document Specialist  
New Filing Section

Letter Number: 707A00038384

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TALLAHASSEE, FLORIDA

**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:

~~Bar Insurance Brokers~~  
SOUTHERN FINANCIAL NETWORK, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

12824 Hibiscus Ave Seminole, Fl. 33776

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Insurance products

**ARTICLE IV SHARES**

The number of shares of stock is:

1

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

List name(s), address(es) and specific title(s):

Vito Molfetto  
Elizabeth Molfetto

**ARTICLE VI REGISTERED AGENT**

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

Vito Molfetto  
12824 Hibiscus Ave.  
Seminole, Fl. 33776

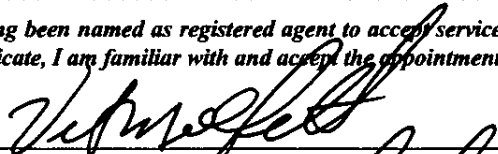
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

~~Bar Insurance Brokers Inc.~~ SOUTHERN FINANCIAL NETWORK, INC.  
12824 Hibiscus Ave  
Seminole, Fl 33776

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\*\*\*\*\*  
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



Signature/Registered Agent

5/29/2007

Date



Signature/Incorporator

5/29/2007

Date