P98000085461

TRANSMITTAL LETTER

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

SUBJECT: ___BARBARA VOLKMANN, INC.___
(Proposed corporate name - must include suffix)

000002655420----4
-10/05/98--01063--012
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ $70.00
Filing Fee

☒ $78.75
Filing Fee
& Certificate

☐ $122.50
Filing Fee
& Certified Copy

☐ $131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ___BARBARA VOLKMANN___
Name (Printed or typed)

___717 NW 8 COURT___
Address

___BOYNTON BEACH FL 33426___
City, State & Zip

___561/733-4060___
Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I   NAME
The name of the corporation shall be:

BARBARA VOLKMANN, INC.

ARTICLE II   PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

717 NW 8 COURT
BOYNTON BEACH, FL 33426

ARTICLE III   SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV   INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:

BARBARA VOLKMANN
717 NW 8 COURT
BOYNTON BEACH, FL 33426

ARTICLE V   INCORPORATOR
The **name and address** of the incorporator to these Articles of Incorporation are:

BARBARA VOLKMANN
717 NW 8 COURT
BOYNTON BEACH, FL 33426

_____   10/1/98
Signature/Incorporator   Date

ARTICLE VI   EFFECTIVE DATE
The effective date of incorporation is: OCTOBER 1, 1998.

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

_____   10/1/98
Signature/Registered Agent   Date