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CHEVOLO ACCOUNTING

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Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : CHEVOLO ACCOUNTING, INC.
Account Number : I200000000167
Phone : (954) 777-0082
Fax Number : (954) 777-0062

FILED
00 AUG 17 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

~~NABBS, INC.~~

BARRETT, BONNER & SPENCE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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CHEVOLO ACCOUNTING I.

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 8, 2000

CHEVOLO ACCOUNTING, INC.

SUBJECT: NABBS, INC.
REF: W00000019588

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

THE CONFLICT IS NABS CORPORATION DOC #P99000035437.

If you have any further questions concerning your document, please call (850) 487-6067.

Naysa Culligan
Document Specialist

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Letter Number: 000A00042788

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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**ARTICLES OF INCORPORATION
OF**

BARRETT BONNER & SPENCE, INC.

he undersigned incorporates, 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: **BARRETT BONNER & SPENCE, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and the mailing address of this corporation shall be:
10048 TWIN LAKES DR, CORAL SPRINGS, FL 33071

ARTICLE III NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
**TEN THOUSAND (10,000) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE
DOLLAR (\$1.00) PER SHARE.**

ARTICLE V TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI OFFICERS DIRECTORS

The name and street address of the initial officer and director is:
NERINE BARRETT - 10048 TWIN LAKES DR, CORAL SPRINGS, FL 33071
President / Director / Treasurer

ARTICLE VII INCORPORATORS

The name and address of the incorporator of these Articles of Incorporation is:
NERINE BARRETT - 10048 TWIN LAKES DR, CORAL SPRINGS, FL 33071

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TALLAHASSEE, FLORIDA

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IN WITNESS WHEREOF, the undersigned incorporator have executed these Articles of Incorporation this:

1th Day of August 2000

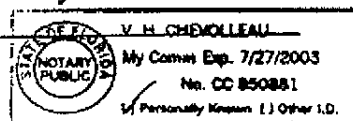
Nerine Barrett
Signature

STATE OF FLORIDA
COUNTY OF BROWARD

THE FOREGOING instrument was acknowledged and sworn to before me this 1th
day of AUGUST, 2000, by Ms NERINE BARRETT
of BARRETT, BONNER & SPENCE, INC

Notary Public [Signature]

My Commission Expires:



CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office / registered agent, in the State of Florida.

1. The name of the corporation is: **BARRETT BONNER & SPENCE, INC.**

2. The name and address of the registered agent and officer is:
NERINE BARRETT

10048 TWIN LAKES DR, CORAL SPRINGS, FL 33071

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.

SIGNATURE Nerine Barrett

DATE 8/17/00

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