# P00000084817

#### TRANSMITTAL LETTER

B. A. MARTIN CONSULTING, INC.

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

SUBJECT:

600003381566---7 -09/05/00--01078--021 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

Enclosed is an origina	al and one(1) copy of the article	TE NAME - MUST INCL	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	BARBARA A. MART	TIN rinted or typed)	PY REQUIRED SEP -5
	5530 CHRISHIRE WAY, APT. 209 Address		M 9: 33 SEE, FLORIT
	ORLANDO, FL 32822 City, State & Zip		
	(407) 381-8271 Daytime Te	elephone number	

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

The name of the corporation shall be:

B. A. MARTIN CONSULTING, INC.

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#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5530 CHRISHIRE WAY, APT. 209 ORLANDO, FL 32822

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

#### ARTICLE IV SHARES

The number of shares of stock is:

10,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

BARBARA A. MARTIN 5530 CHRISHIRE WAY, APT. 209 ORLANDO, FL 32822

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

BARBARA A. MARTIN 5530 CHRISHIRE WAY, APT. 209 ORLANDO, FL 32822

#### ARTICLE VII INCORPORATOR

Signature/Incorporator

The name and address of the Incorporator is:

BARBARA A. MARTIN 5530 CHRISHIRE WAY, APT. 209 ORLANDO, FL 32822

X Barbara a. Mart		8 29 00
Signature/Registered Agent	· · · · · · · · · · · · · · · · · · ·	Date
Barbara a. Marti		8/29/00 Date