POI ODDO 28515

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

SUBJECT:	BAB MO		paration		
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) 1 0 0 0 3 5 5 0 1 9 -03/19/01-01007-005 ******87.50 ******87.50 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 of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM:	JAMES A BARHETT Name (Printed or typed) 1240 NW 175 + err. Address		SEE,	OI MAR 16 PM	
	NIANI Fl. 33/69 City, State & Zip 305 621-4377. Daytime Telephone number		F STATE FLORIDA	FM D: 15	

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

[D] 3/20

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: $B + B$ Moving. Corporation	pration
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1240 NW 17570 Miami, F1 331	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	JAS O
ARTICLE IV SHARES The number of shares of stock is:	FILED DI MAR 16 PM 12: 15 BECRETARY OF STATE LLAHASSEE, FLORIDA
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):	STATE CORIDA
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: James A. Bartlett 1240 NW 175 Terr Miami, Fl 33169 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: James A. Bartle 1240 NW 175 Terr Miami, Fl 33169	(-
**************************************	poration at the place designated in this
Signature/Registered Agent	$\frac{3-13-01}{\text{Date}}$
Jame a Bartlett	$\frac{3 - 13 - 01}{\text{Date}}$ $3 - 13 - 61$
Signature/Incorporator	Date