

P01000096329

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

SUBJECT: Barks n Bubbles, Inc.

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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of Status

ADDITIONAL COPY REQUIRED

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-10/01/01--01071--007
*****70.00 *****70.00

FROM: Terri D. Alfonso
Name (Printed or typed)

1988 Rosetine Street
Address

Cocoa, FL 32926
City, State & Zip

321-632-4269
Daytime Telephone number

FILED
01 OCT - 11 PM 12:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

T. Burah OCT 3 2001

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:

Barks n Bubbles, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

566 Barton Blvd., Suite B
Rockledge, FL 32955

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Terri D. Alfonso
566 Barton Blvd., Suite B
Rockledge, FL 32955

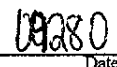
ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Terri D. Alfonso
1988 Rosetine Street
Cocoa, FL 32926



Signature/Incorporator

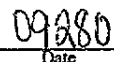


Date

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/Registered Agent



Date

01 OCT - 1 PM 12:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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