

PO2000006463

TRANSMITTAL LETTER

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

SUBJECT: DARA ELAINE BARNES, P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100004773021--2

-01/14/02--01052--024

*****78.75 *****78.75

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

FROM: DARA ELAINE BARNES

Name (Printed or typed)

PO BOX 43-1098

Address

SOUTH MIAMI, FL 33243-1098

City, State & Zip

305-665-9995

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JAN 14 PM 1:51

FILED

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

AK 1/18

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:

DARA ELAINE BARNES, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 43-1098
SOUTH MIAMI, FL 33243-1098

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Dara Elaine Barnes, President
PO Box 43-1098
South Miami, FL 33243-1098

ARTICLE VI REGISTERED AGENT

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

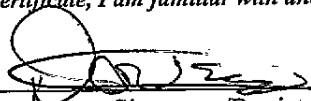
Dara Elaine Barnes
7960 SW 79 Terrace
Miami, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dara Elaine Barnes
PO Box 43-1098
South Miami, FL 33243-1098

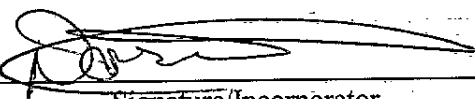
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1/10/02

Date



Signature/Incorporator

1/10/02

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA