

TRANSMITTAL LETTER

PO2000035127

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

SUBJECT: Barbara Lynn Enterprises, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600005154976--8  
-03/26/02--01005--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

ADDITIONAL COPY REQUIRED

FROM: Barbara L. Buckles  
Name (Printed or typed)

8802 S.E. Sandcastle Circle  
Address

Hobe Sound Florida 33455  
City, State & Zip

(561) 747-4665  
Daytime Telephone number

02 MAR 25 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

G. BULLOCK APR 01 2002

**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: Barbara Lynn Enterprises, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is: 8802 S.E. Sandcastle Circle  
Hobe Sound, Florida 33455

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate Ownership

**ARTICLE IV SHARES**

The number of shares of stock is: 6000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

Barbara L. Buckles  
8802 S.E. Sandcastle Circle  
Hobe Sound Florida, 33455  
President/Director

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is: Barbara L. Buckles  
8802 S.E. Sandcastle Circle  
Hobe Sound, Florida 33455

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Barbara L. Buckles  
8802 S.E. Sandcastle Circle  
Hobe Sound, Florida 33455

\*\*\*\*\*  
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

Barbara L. Buckles  
Signature/Registered Agent

Barbara L. Buckles  
Signature/Incorporator

March 15, 2002  
Date

March 15, 2002  
Date

FILED  
02 MAR 25 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA