02 MAY 30 PM 2: 39

Department of State Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

SUBJECT: Barbara Clark Smith, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
			00056509 -05/30/0201 ******88.75
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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Barbara C Smith Name (P	rinted or typed)	
	PO Box 1327	Address	

Hobe Sound, FL 33475

772-546-5295

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

City, State & Zip

Daytime Telephone number

CB5-30

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

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NAME ARTICLE I

The name of the corporation shall be:

BARBARA CLARK SMITH, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

PO Box 1327, Hobe Sound, FL 33475

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To engage in any lawful act or business.

ARTICLE IV

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

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

none

ARTICLE VI REGISTERED AGENT

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

Barbara C Smith 11960 SE Federal Highway Hobe Sound, FL 33455

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Barbara C Smith PO Box 1327 Hobe Sound, FL 33475

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 Age

: 5-24-02

Signature/Incorporator