

P04000051358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

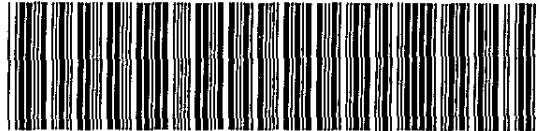
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/23/

## TRANSMITTAL LETTER

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

SUBJECT: Ibarra Corporation

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: Isabel Ibarra

Name (Printed or typed)

620 Ocean Mist

Address

Ruskin, FL 33570

City, State & Zip

813-323-3426

Daytime Telephone number

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

# 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:

Ibarra Corporation

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

620 Ocean Mist, Ruskin, FL 33570

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any lawful business for profit.

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Isabel Ibarra, President  
620 Ocean Mist Ct.  
Ruskin, FL 33570

## ARTICLE VI REGISTERED AGENT

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

Isabel Ibarra  
620 Ocean Mist  
Ruskin, FL 33570

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Isabel Ibarra  
620 Ocean Mist  
Ruskin, FL 33570

\*\*\*\*\*

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

ISABEL IBARRA

Signature/Registered Agent Isabel Ibarra

3/16/04

Date

ISABEL IBARRA

Signature/Incorporator Isabel Ibarra

3/16/04

Date

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TALLAHASSEE, FLORIDA