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LUDITED ZO IF ZO STATE LLLAHASSEE, FLORID

James N. Casesa, P.A.

-Attorney at Law

MEMBER: FLORIDA BAR 🔭 NEW YORK BAR

3845 FIFTH AVENUE NORTH ST. PETERSBURG, FLORIDA 33713-7537 TELEPHONE (727) 323-4719 FAX (727) 327-5554

DARRYL E. WHITE **LEGAL ASSISTANT**

IN REPLY REFER TO

Division of Corporations Secretary of State The Capitol 409 E. Gaines Street Tallahassee, FL 32399

RE: P.I. Babs Investigations, Inc.

Gentlemen:

Enclosed is the signed original and one copy of the Articles of Incorporation of the above corporation. I have also enclosed a check in the amount of \$70.00 for the filing and designation of the registered agent.

Please process this at your earliest opportunity and return a date stamped uncertified copy of the Articles of Incorporation to this office in the self-addressed stamped envelope provided.

Thank you for your assistance.

If you have any questions,

please do not hesitate to call.

JNC\kh

Enclosures

ARTICLES OF INCORPORATION

FOR

2005 FEB 25 P 2: 53

P.I. Babs Investigations, Inc.

THE UNDERSIGNED, for the purpose of forminglia Actor adopt the following articles of incorporation:

ARTICLE ONE

The name of the corporation is P.I. Babs Investigations,

ARTICLE TWO

The duration of the corporation is perpetual.

ARTICLE THREE

The general purposes for which the corporation is organized are:

- 1. To own and operate a private investigative agency.
- 2. To transact any other lawful business for which corporations may be incorporated under the Florida General Corporation Act.
- 3. To do such other things as are incidental to the foregoing or necessary or desirable in order to more fully accomplish the foregoing.

ARTICLE FOUR

The aggregate number of shares which the corporation is authorized to issue is one thousand (1000). Such shares shall be of a single class and shall have a par value of one dollar (\$1.00) per share.

ARTICLE FIVE

The street address of the initial registered office of the Corporation and the name of it's initial registered agent at such address is:

Babette Karen Wappler 5105 19th St. N. St. Petersburg FL 33714 The street address of the initial principal office of the Corporation is:

5105 19th St. N. St. Petersburg FL 33714

ARTICLE SIX

The number of directors constituting the initial board of directors of the corporation is one (1). The name and address of each person who is to serve upon the initial board of directors are:

Babette Karen Wappler 5105 19th St. N. St. Petersburg FL 33714

ARTICLE SEVEN

The name and address of the incorporator is:

Babette Karen Wappler 5105 19th St. N. St. Petersburg FL 33714

EXECUTED by the undersigned at St. Petersburg, Pinellas County, Florida on the ___/8___ day of February, 2005.

<u>Ballette Karen Wappler</u> Babette Karen Wappler

ACKNOWLEDGMENT

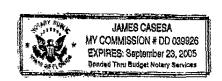
STATE OF FLORIDA)

COUNTY OF PINELLAS)

BEFORE ME, personally appeared, who is personally known to me or presented as identification, and is to me well known to be the person described in and who executed the forgoing articles of incorporation and acknowledged to and before me that the said articles were executed for the purposes therein expressed.

WITNESS MY HAND AND OFFICIAL SEAL, this 18 day of February, 2005, at St. Petersburg, Pinellas County, Florida

Notary Public My commission expires:



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

P.I. Babs Investigations, Inc.

DESIRING TO ORGANIZED OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH IT'S PRINCIPAL PLACE OF BUSINESS AT CITY OF ST. PETERSBURG, STATE OF FLORIDA HAS NAMED:

Babette Karen Wappler

AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATU	E: Ballette	Korin Wapplie
	President	
DATE:	02-18-2005	

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE: <u>Daliette Kana Wappler</u> DATE: <u>2-18-2005</u>

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