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TRANSMITTAL LETTER

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

SUBJECT: BABS, I	ncorporated				
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an original	inal and one (1) copy of the art	ticles of incorporation and	I a check for:		
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM:	Barbara A. Betz				
	Name (Printed or typed)				
-	114 East Harding Stre	eet Address	·		
-	Orlando, FL 32806 City	, State & Zip			
-	407-694-5722	Telephone number			

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 21, 2005

BARBARA A. BETZ 114 EAST HARDING STREET ORLANDO, FL 32806

SUBJECT: BABS, INCORPORATED Ref. Number: W05000008959

We have received your document for BABS, INCORPORATED. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L02000001577 (BAB, LLC).

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 005A00012062

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

NAME <u>ARTICLE I</u>

The name of the corporation shall be:

BABS, incorporated

B. A.B.S., Incorpor

PRINCIPAL OFFICE

The principal place of business/mailing address is:

114 E. Harding Street Orlando, FL 32806

ARTICLE III *PURPOSE*

The purpose for which the corporation is organized is:

the general nature of the business to be conducted by this corporation is to engage in any and all business permitted under the laws of the state of Florida or any other state in the United States of America

ARTICLE IV

The number of shares of stock is:

7500

INITIAL OFFICERS AND/OR DIRECTORS

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

Barbara A. Betz 114 E. Harding Street Orlando, FL 32808 President and CEO

REGISTERED AGENT ARTICLE VI

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

-BABS, Incomparated

Barbara A. Betz

114 E. Harding Street Orlando, FL 32806

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BABS, Incorporated

Barbara A. Betz

114 E. Harding Street Orlando, FL 32806

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

02/07/05

02/07/05

Date

Signature/Incorporator

SARBARA A

Date