

PO5000087375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

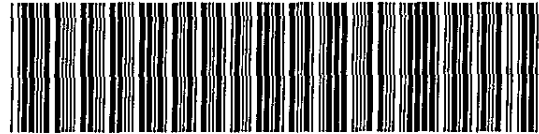
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600055805136

06/17/05--01034--020 **78.75

FILED
05 JUN 17 PM 4:48
TALLAHASSEE, FL 32301
S.E.C. 1

6/17/05
SPK

TRANSMITTAL LETTER

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

SUBJECT: Barbara Ward Design Services Inc.

(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: Barbara A Ward

Name (Printed or typed)

2049 So. Ocean drive A/402E

Address

Hallandale, FL 33009

City, State & Zip

954 457 9975

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:

Barbara Ward Design Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2049 So. Ocean Drive A/402E
Hallandale, Fl. 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Design and Marketing

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Barbara Ward President and CEO
2049 So. Ocean Dr A/402E
Hallandale Fl 33009

ARTICLE VI REGISTERED AGENT

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

Jack A. Smith
2875 NE 191st Street Suite 402
Aventura, Fl 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jack A Smith
2875 NE 191st Street Suite 402
Aventura, Fl m 33180

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 familliar with and accept the appointment as registered agent and agree to act in this capacity

Jack A Smith
Signature/Registered Agent

Jack A Smith
Signature/Incorporator

6-15-05
Date

6-15-05
Date

FILED
05 JUN 17 PM 4:48
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
05 JUN 17 PM 4:48
TALLAHASSEE, FLORIDA
SECRETARY OF STATE