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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	, *****,





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IALLAHASSEE, FLURIDA

TRANSMITTAL LETTER

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

SUBJECT:	Barbara G. S.	orensen, Inc	
Enclosed are an orig	inal and one (1) copy of the art	ticles 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:	Debbie Thomp	, , ,	ra Sorensen
	455 Lakewoo Winter Park 1 City 407-740-C	FC 32789 7, State & Zip	

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation. SECRETARISSEE, FLORIDA

ARTICLE I Name

The name of the corporation shall be:

Barbara G. Sorensen, Inc.

ARTICLE II **Principal Office**

The principal place of business and mailing address of this corporation shall be:

455 Lakewood Drive Winter Park, FL 32789

ARTICLE III Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000

ARTICLE IV - Initial Registered Agent and Street Address

Barbara Sorensen 455 Lakewood Drive Winter Park, FL 32789

> ARTICLE V Incorporator(s)

The names and street address of the incorporation to these articles of Incorporation is:

Barbara G. Sorensen 455 Lakewood Drive Winter Park, FL 32789 President & Treasurer

Gary L. Sorensen 455 Lakewood Drive Winter Park, FL 32789 Vice-President & Secretary

The undersigned incorporator(s) has (have) executed these articles of Incorporation this
Bahar A
Barbara G. Sorensen
Mary I Sources
Gary L. Sorensen

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is <u>Barbara G. Sorensen, Inc.</u>
- 2. The name and address of the registered agent and office is:

Barbara G. Sorensen 455 Lakewood Drive Winter Park, FL 32789

Having been named as register agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Barbara G. Sorensen

Date