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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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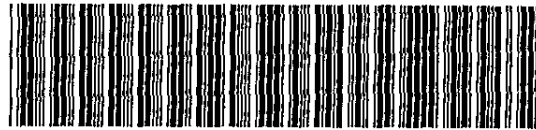
(Business Entity Name)

(Document Number)

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FILED
2006 MAY 17 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAY 18 2006

COVER LETTER

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

SUBJECT: Barbara's Bookkeeping, 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 Gibson

Name (Printed or typed)

503 East Michigan Ave

Address

Maccleenny, Florida 32063

City, State & Zip

904-259-1286

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's Bookkeeping, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

503 East Michigan Ave.
Macclenny, FL 32063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Bookkeeping

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 Gibson (President)
503 East Michigan Ave.
Macclenny, FL 32063

ARTICLE VI REGISTERED AGENT

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

Barbara Gibson
503 East Michigan Ave.
Macclenny, FL 32063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara Gibson
503 E. Michigan Ave.
Macclenny, FL 32063

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

Barbara Gibson
Signature/Registered Agent

5-11-2006

Date

Barbara Gibson
Signature/Incorporator

5-11-2006

Date

FILED
2006 MAY 17 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA