

PO6000090775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

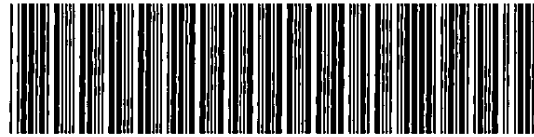
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Staci L. Freeman **GAVE**  
**AUTHORIZATION BY PHONE TO**  
**CORRECT #5 + Article VI**  
**DATE** 7/10/06  
**DOC. EXAM** MRD

Office Use Only



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07/07/06--01016--010 \*\*128.75

**FILED**  
06 JUL -7 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
7/11

## TRANSMITTAL LETTER

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

**SUBJECT:** \_\_\_\_\_

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

**FEES:**

|  |                |
|--|----------------|
| Certificate of Domestication                 | \$50.00        |
| Articles of Incorporation and Certified Copy | <u>\$78.75</u> |
| Total to domesticate and file                | \$128.75       |

**OPTIONAL:**

|                       |         |
|-----------------------|---------|
| Certificate of Status | \$ 8.75 |
|-----------------------|---------|

FROM: BARRETT RAILS FREEMAN  
STACI LYN FREEMAN  
Name (printed or typed)

1891 FOROUGH CIRCLE  
Address

PORT ORANGE, FL 32128  
City, State & Zip

386-761-3570  
Daytime Telephone Number

## CERTIFICATE OF DOMESTICATION

The undersigned, BARRETT R. FREEMAN PRESIDENT  
STACI (Name) L. FREEMAN (Title) SEC/TREAS  
of Barrett Inc a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was SEPT 19, 1994.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Georgia.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was BRFBarrrett Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is BRFBarrrett Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Georgia.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Barrett Freeman, of BRFBarrrett Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 30 day of June, 2006.

[Signature]  
Barrett R. Freeman  
(Authorized Signature)

|  |          |
|--|----------|
| Filing Fee:                                  |          |
| Certificate of Domestication                 | \$50.00  |
| Articles of Incorporation and Certified Copy | \$78.75  |
| Total to domesticate and file                | \$128.75 |

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**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

*BRFBa Barrett Inc*

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

*1841 FOROUGH CIRCLE  
PORT ORANGE, FL  
32128*

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

*PRESENTLY MARINE FISHING FOR CHARTER*

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS:

*500*

**ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

*BARRETT R. FREEMAN - president  
STACI L. FREEMAN - SECRETARY/TREASURER*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

*BARRETT R. FREEMAN  
1841 FOROUGH CIRCLE  
PORT ORANGE, FL 32128*

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

*BARRETT R. FREEMAN  
1841 FOROUGH CIRCLE  
PORT ORANGE, FL 32128*

*STACI L. FREEMAN  
1841 FOROUGH CIRCLE  
PORT ORANGE, FL 32128*

\*\*\*\*\*

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

x *Barrett R. Freeman* *Staci L. Freeman*  
Signature/Registered Agent

*06/30/06*  
Date

x *Barrett R. Freeman* *Staci L. Freeman*  
Signature/Incorporator

*06/30/06*  
Date

FILED

06 JUL -7 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA