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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

9/22

## COVER LETTER

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

SUBJECT: Barbara Fuentes  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Antonia B Fuentes  
                    Name (Printed or typed)

1416 Trailblazer Dr  
                    Address

Tallahassee FL 32310  
                    City, State & Zip

850-575-3441  
                    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 Fuentes Corp.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1416 Trailblazer Dr  
Tallahassee FL 32310

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Cleaning Services

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

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

Attn: Barbara Fuentes (President)  
1416 Trailblazer Dr  
Tallahassee FL 32310

**ARTICLE VI REGISTERED AGENT**

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

Attn: Barbara Fuentes 1416 Trailblazer Dr  
Tallahassee FL 32310

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Attn: Barbara Fuentes 1416 Trailblazer Dr  
Tallahassee FL 32310

\*\*\*\*\*  
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 Fuentes  
Signature/Registered Agent

Barbara Fuentes  
Signature/Incorporator

9-22-06  
Date

9-22-06  
Date

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