

P 060000/29913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

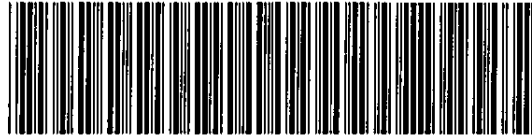
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*De*

## COVER LETTER

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

SUBJECT: BARDIA CORPORATION  
(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: DAVID B. ACKERMAN  
Name (Printed or typed)

729 NEW WARRINGTON ROAD

Address

PENSACOLA, FL 32506

City, State & Zip

850/982-3180

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: BARDIA CORPORATION

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 729 NEW WARRINGTON ROAD  
PENSACOLA, FL 32506

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INVESTMENT

## ARTICLE IV SHARES

The number of shares of stock is: 200

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): DAVID ACKERMAN  
729 NEW WARRINGTON ROAD  
PENSACOLA, FL 32506

## ARTICLE VI REGISTERED AGENT

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

DAVID ACKERMAN  
729 NEW WARRINGTON ROAD  
PENSACOLA, FL 32506

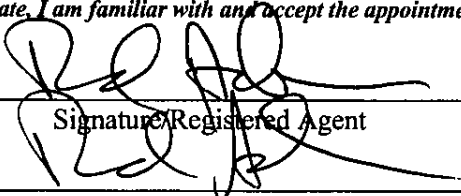
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID ACKERMAN  
729 NEW WARRINGTON ROAD  
PENSACOLA, FL 32506

\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Signature/Registered Agent

10-5-06

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

10-5-06

\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA