

PO9000002676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

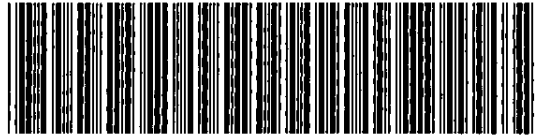
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/08/09--01016--002 **78.75

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09 JAN -8 AM 9:22

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01/08/09 11:08:13

Handwritten signature

COVER LETTER

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

SUBJECT: BABBS ACCOUNTING SERVICES 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 ☒ \$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: JUDITH W BABBS

Name (Printed or typed)

16501 ARROWHEAD TRAIL

Address

CLERMONT, FL 34711

City, State & Zip

407-383-7675

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:

BABBS ACCOUNTING SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

16501 ARROWHEAD TRAIL
CLERMONT, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE ACCOUNTING SERVICES TO SMALL BUSINESSES

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):

JUDITH W BABBS
16501 ARROWHEAD TRAIL
CLERMONT, FL 34711

ARTICLE VI REGISTERED AGENT

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


JUDITH W BABBS
16501 ARROWHEAD TRAIL
CLERMONT, FL 34711

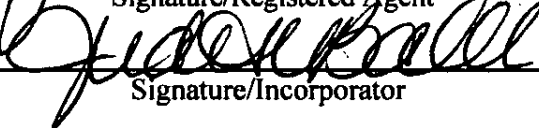
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUDITH W BABBS
16501 ARROWHEAD TRAIL
CLERMONT, FL 34711

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


Signature/Incorporator

1-4-09
Date
1-4-09
Date

FILED
09 JAN -8 AM 9:22
CLERK OF STATE
TALLAHASSEE, FLORIDA