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(Requestor's Name)				
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(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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COVER LETTER

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

SUBJECT: Baba ABC , Corp				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: Dorval Lifort				
	4132 NW 11 place	(Printed or typed) Address		
Miami , FI 33127 City, State & Zip				
786-285-1502 Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.



March 3, 2009

DORVAL LIFORT 4132 NW 11 PLACE MIAMI, FL 33127

SUBJECT: BABA ABC, CORP Ref. Number: W09000010017

We have received your document for BABA ABC, CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 809A00007293

Paisley A Alford Clerk New Filing Section

Division of Compositions D.O. DOV 6997 Tollaharasa Florida 99914

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:

Baba ABC, CORP

ARTICLE II PRINCIPAL OFFICE

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

GAA) 4132 NW 11 PLACE MIANI 12 33127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transportation, Church activities

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dorval Lifort President

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Dorval Lifort 4132 NW 11 Place Miami Fl 33127

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Dorval Lifort 4132 NW 11 place Miami, FI 33127

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

Dos Al Signature/Incorporator

2/23/09