P110000021962

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PICK-UP WAIT MAIL				
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SECRETARY OF STATE
TALL AHASSEE FLORID.

MR37

COVER LETTER

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

$_{ m SUBJECT:}$ <code>BAB</code> <code>INSTALLATION</code> <code>II</code>	NC.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy
	ADDITIONAL CO	& Certificate of Status
	· ·	· · · · · · · · · · · · · · · · · · ·
FROM: Bruce Bliven	(Printed or typed)	
1401 S.E. 22nd Lane		
A	Address	
Homestead, FL 33035	State & Zip	
(305) 246-9476		
Daytime To	elephone number	
jbbbbb@att.net	for filture annual report	notification)

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 N. The name of the corpo	AME BAB INSTALLATION I pration shall be:	INC.	
140	RINCIPAL OFFICE Principal street address 11 S.E. 22nd Lane mestead, FL 33035		ress, if different is:
Installation of ca	h the corporation is organized is: abinets, sheetrock and other home	interiors	THAN -2 PE
The number of shares	HARES of stock is: One hundred shares, one	dollar par value	EFLORES 27
Name and Title: Address:	Bruce Bliven, President and Secretar 1401 S.E. 22nd Lane Homestead, FL 33035	Y Name and Title:Address:	
Name and Title: Address:		Address:	
Name and Title: Address:		Address:	
	EGISTERED AGENT a street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name: Address:	Russell A. Cohen 1395 Brickell Avenue, Suite 800 Miami, FL 33131	_	
ARTICLE VII IN The name and address Name: Address:	ECORPORATOR Softhe Incorporator is: Bruce Bliven 1401 S.E. 22nd Lane Homestead, FL 33035	_ _	
Having been named of this certificate, I am for	as registered agent to accept service of process amiliar with and accept the appointment as reg Required Signature/Registered Agent	s for the above stated corpora sistered agent and agree to act	tion at the place designated in in this capacity
	nt and affirm that the facts stated herein are		
document to the Depu	riment of State constitutes a third/degree felon	y as provided for in s.817.155,	F.S. 12/17/10
	Required Signature/Incorporator		Date