

PII 0000058394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

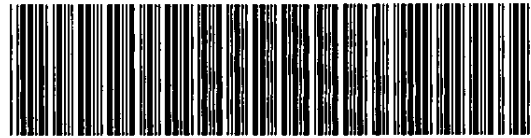
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COVER LETTER

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

SUBJECT: **BARBER CONSUMER COMMUNICATIONS CORP.**
(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: Shakara Barber
Name (Printed or typed)

4356 South Kirkman Road Apt. 513
Address

Orlando, Florida 32811
City, State & Zip

407 373-9840
Daytime Telephone number

s.barber@cfl.rr.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2011

SHAKARA BARBER
4356 SOUTH KIRKMAN ROAD APT. 513
ORLANDO, FL 32811

SUBJECT: BARBER CONSUMER COMMUNICATIONS CORP.
Ref. Number: W11000030992

We have received your document for BARBER CONSUMER COMMUNICATIONS CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the City, State and Zip code in your Articles.

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 711A00013867

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: BARBER CONSUMER COMMUNICATIONS CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4356 South Kirkman Road Apt. 513
Orlando FL 32811

Mailing address, if different is:

n/a

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Customer Service

ARTICLE IV SHARES

The number of shares of stock is: 100 Shakara Barber

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shakara Barber
Address: 4356 South Kirkman Road Apt. 513
Orlando FL 32811

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Shakara Barber
Address: 4356 South Kirman Road Apt. 513
Orlando FL 32811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shakara Barber
Address: 4356 South Kirkman Road Apt. 513
Orlando FL 32811

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

Shakara Barber

Required Signature/Registered Agent

Shakara Barber

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

5/31/2011

Date

5/31/2011

Shakara Barber

Required Signature/Incorporator

Shakara Barber

5/31/2011

Date

5/31/2011