

W12-18566  
712000036056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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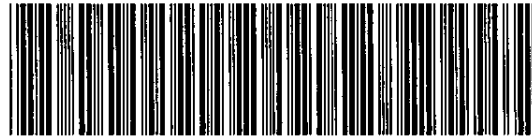
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2012 APR 16 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers APR 17 2012

W12-18566  
505



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 3, 2012

BEVERLY BARRIS  
1406 MEMORY LN  
LUTZ, FL 33549

SUBJECT: BEVERLY BARRIS DESIGN STUDIO  
Ref. Number: W12000018566

We have received your document for BEVERLY BARRIS DESIGN STUDIO and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 312A00010884

## COVER LETTER

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

SUBJECT: BEVERLY BARRIS DESIGN STUDIO  
(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: BEVERLY BARRIS  
Name (Printed or typed)

1406 MEMORY LN  
Address

LUTZ, FL 33549  
City, State & Zip

813-966-1246  
Daytime Telephone number

BEVACT@TAMPABAY.RR.COM  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32314

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** BEVERLY BARRIS DESIGN STUDIO INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

BEVERLY BARRIS  
1406 MEMORY LN  
LUTZ, FL 33549

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: BEVERLY BARRIS  
Address: 1406 MEMORY LN  
LUTZ, FL 33549

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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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: BEVERLY BARRIS  
Address: 1406 MEMORY LN  
LUTZ, FL 33549

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BEVERLY BARRIS  
Address: 1406 MEMORY LN  
LUTZ, FL 33549

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

Beverly Barris

Required Signature/Registered Agent

3/28/12

Date

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.

Beverly Barris

Required Signature/Incorporator

3/28/12

Date

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TALLAHASSEE, FLORIDA