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COVER LETTER

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

SUBJECT: BARBOUL, INC.	
(PROPOSED CORPORAT	FE NAME - <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: VICTOR H. PRASCO	(Printed or typed)
9191 BROADWAY	ddress
MERRILLVILLE, IN 464 City, S	10 State & Zip
219-769-1313 Daytime Te	lephone number
prasco@bcclegal.com E-mail address: (to be used	for future annual report notification)

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

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

ARTICLE I The name of the corp	AME BARBOUL, INC. oration shall be:			
11 C#	Principal office Principal street address 70 GULF BLVD # 2006 D JAMES THOMAS EARWATER, FL 33767		lress, if different is:	
ARTICLE III P The purpose for whi any and all law	ch the corporation is organized is:			
ARTICLE IV S	IHARES of stock is: 10,000			
IRTICLE V	MITIAL OFFICERS AND/OR DIRECTOR	RS		
Name and Tit) Address:		Name and Title: Address:		
Name and Titl	e:			
Address:		Address:		_
Name and Titl Address:	e:	Name and Title: Address:		
	REGISTERED AGENT da street address (P.O. Box NOT acceptable) o	_	ALL SEC	120
Name:	JAMES THOMAS	_		ĴĒĈ
Address:	1170 GULF BLVD # 2006 CLEARWATER FL 33767		26.5 26.5	1
1 PTTCLE 1771	NCORPORATOR	_	in C	
	ess of the Incorporator is:	•	27	3
Name:	VICTOR H. PRASCO		LORIE	ö
Address:	9191 BROADWAY MERRILL VILLE, IN 4841)	-	E E	36
	as registered agent to accept service of proce familiar with any accept the appointment as re			ted in
			12-5-12	
<u> </u>	Required Signature/Registered Agent		12-5-12 Date	
	•			
	ent and affirm that the facts stated herein are partment of State constitutes a third degree feloi			; (II A
	And by Practo	ny wa provincu jor in 801/113.	12/5/12	
<u> </u>	Required Signature/Incorporator		Date	