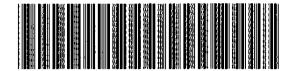
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(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				



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COVER LETTER

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

SUBJECT:	Barbara Johns (PROPOSED CORPORA	gon Inc	
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
FROM:	Barbara Johns Name		
	2560 Oakda	le ID IU Address	
	Orange Park City,	FL 32073 State & Zip	
	904 <u>994</u> Daytime T	2479 Telephone number	
	E-mailyaddress: (to be use	O Unia L. Com d for future annual report	notification)

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



July 22, 2014

BARBARA JOHNSON 2560 OAKDALE DR.N. ORANGE PARK, FL 32073

SUBJECT: BARBARA JOHNSON, INC

Ref. Number: W14000044882

We have received your document for BARBARA JOHNSON, INC 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 914A00015692

Division of Comparations DO POV 6227 Tallahassas Florida 2221

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

ARTICLE 1. NAM The name of the corporat	E ion shall be: Barbara	Johnson In	C.
	NCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:
2560 Oak	dale DrN		
Orange Park			. S. 30
	- Parkerson	 // 	
ARTICLE III PURP	POSE ne corporation is organized is: 15 Post	no vide service	ces to the general
Public To incli	ude, but not limited	to health a	are services
			
ARTICLE IV SHA	RES. 100		
The number of shares of s	stock is: $\int_{-\infty}^{\infty} (C)$		
	IAL OFFICERS AND/OR DIRECT	<i>で</i> たへ	
Name and Title	: Barbara Johnson Presi	Men Name and Title:	
Address	2560 Oakdale DrN	Address:	
	Orange Park FL320	23	

Name and Title:			
Address		Address:	
/			
Name and Title:		Name and Title:	
Address		Address:	

Name	and Title:	Name and Title:	
Addre	ess	Address:	
			<u> </u>
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Barbara Johnson		30 7
Address:	2560 Oakdale DrN		PH 2: 3
	Orange Park, FL 3207	<u>3</u>	[환경 30 변경 30
ARTICLE VI	I INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	Barbara Johnson	.	
Address:	2560 Oakdale Drnl	_	
	Drunge Park, FL 320	<u>1</u> 3	
	amed as registered agent to accept service of proce I am familiar with and accept the appointment as r		
	Outhara Solmone Required)Signature/Registered Agent		6-25-14 Date
	Required Signature/Registered Agent	Martine 100 minutes in the contract of the con	Date
	ocument and affirm that the facts stated herein ar to Department of State constitutes a third degree felo		
Bar	Mara Columnia Required Signature/Incorporator	aan diiligan diiliga da diiliga d	6-25-14
	Required Signature/meorporator		Date