## P16000037779

(Re	questor's Name)	• • •
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
۲	•	
	ν • τ - γ-,	ı

Office Use Only



000284357330

04/13/16--01014--021 \*\*78.75

16 APR 13 PH 12: 05



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2016

ANNE BARAKAT 1843 BARKER DRIVE WINTER PARK, FL 32789

SUBJECT: ANNE BARAKAT, INC. Ref. Number: W16000028796

ENT OF STATE porations

\*\*Ent of STATE porations\*\*

\*\*Ent

We have received your document for ANNE BARAKAT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There must be only the number when stating the number of shares.,

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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return 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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 116A00008033

28 PN 3-42

## **COVER LETTER**

Department of State **New Filing Section** Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Barakat, Inc. **SUBJECT:** Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$87.50 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Anne Barakat
Name (Printed or typed) 1843 Barker Drive Address Winter Park, FL 32789 City, State & Zip 718, 501, 8663 Daytime Telephone number barakat anne agmail com E-mail address: (to be used for future 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)

he name of the corpora	tion shall be: Anne I	Barakat, Inc	<u>^</u>
ARTICLE II PRINC	CIPAL OFFICE Principal street address	M	failing address, if different is:
1843 Bo	arker Drive		
Winter	Park, PL 3278	<i></i>	
THE PURPOSE FOR Which PURPOSE FOR Which PURPOSE FOR WHITE UNITED AND PURPOSE FOR WHITE PURPOSE FOR WHI	he corporation is organized is:	o create a can man	separate busini age my design
RTICLE IV SHAR the number of shares of RTICLE V INITIA  Name and Title		1Preside	nt, Director
Address	1943 Barker Di Winter Park,	1 Name and The	
Name and Title		Name and Title:_	
Address		Address: _	
Name and Title			
Address			
	<del>* - 144 4 - 15 - 15 - 15 - 15 - 15 - 15 -</del>	<u></u>	

Name and Titl	e:	Name and Title:	
Address	<del> </del>	_ Address:	
	***************************************	-	
	STERED AGENT		
The name and Florida	street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	Anne Barakat	_	
Address:	1943 Barker Drive	<b>≟</b>	<b>=</b> 9
	Winter Park, FL 3	2789	S APR
ARTICLE VII INCO	ORPORATOR		13 P
The name and addres	of the Incorporator is:		<b>一本 場場</b> の
Name:	Anne Barakat	-	ATE ATEM
Address:	1843 Barker Dri	ve	77
	Winter Park, FL	32789	
(If an effective date is	ECTIVE DATE: than the date of filing: listed, the date must be specific and canno	. (OPTIONAL)  t be more than five business days prior	or 90 business
days after the filing.)			
	ted in this block does not meet the applicable ve date on the Department of State's records.	statutory filing requirements, this date wi	ll not be listed as
Having been named a this certificate, I am fa	s registered agent to accept service of process miljar with and accept the appointment as reg	for the above stated corporation at the pristered agent and agree to act in this cape	place designated in acity
/		4//	1/1/1
	Required Signature/Registered Agent		Date
I submit this documen document to the Depar	t and affirm that the facts stated herein are tment of State constitutes a third degree felon	true. I am aware that the false informat y as provided for in s.817.155, F.S.	ion submitted in a
•	1	4//	1/10
Required S	gnature/Incorporator		Date