Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000898513)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser.	from this no
Doing so will generate another cover sheet.	چي مين د د د د د د د د د د د د د د د د د د د

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973 Fax Number

: (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION BARBER MOBILE REPAIR CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

N SAMS

MAR 22 2018

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

3/21/2018 9:22:44 AM PAGE

1/001 Fax Server

March 21, 2018

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: BARBER MOBILE REPAIR CORP

REF: W18000027259

We received your electronically transmitted document. Rowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

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

FAX Aud. #: H18000089851 Letter Number: 818A00005636

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

Barber Mobile Repair Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
- 26338 3W 13C PL
- Homesicad Fi 33032 PG 3
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
_Davonte Davone Barber(p)
26338 SIN 136 PI
Hamestond FC 33082
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
-Davonte Davone Barber
26338 SW 136 PL
Homestood IC 33032
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Davonte Davone Barbar
26338 SW (36 PK
-Homestead II 38032

PAGE 04/04

3052201440

Required Signatures:

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

Registered Agent

3/20/18

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.

Incorporator

PK 4: 55