

P22000066508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

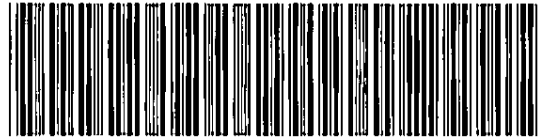
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400393308954

S. CHATHAM  
AUG 25 2022

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 AUG 25 PM 3:56 2022 AUG 25 PM 1:52

2022 AUG 25 PM 1:52

## COVER LETTER

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

**SUBJECT:** BABL ACQUISITION CORPORATION  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Jonathan Leinwand  
Name (Printed or typed)

18305 Biscayne Blvd. Suite 200  
Address

Aventura, FL 33160  
City, State & Zip

(954) 903-7856  
Daytime Telephone number

Jonathan@jdlpa.com  
E-mail address: (to be used for future annual report notification)

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

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 08/25/22**

**NAME: BABL ACQUISITION CORPORATION**

**TYPE OF FILING: ARTICLES**

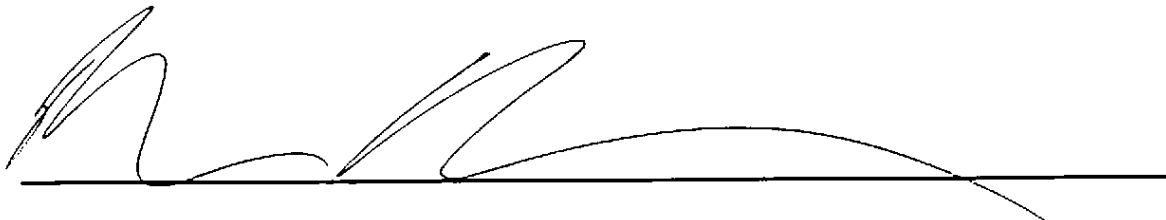
**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



---

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: BABL ACQUISITION CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

30 N. Gould St - AT 3835

Sheridan, WY 82801

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation is organized for the purpose of transacting any and all lawful business.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 AUG 25 PM 3:56

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Ben Quick / President & Director

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

Address 21 PLYMSTOCK RD. PLYMOUTH,

Address: \_\_\_\_\_

United Kingdom

PL9 7NX

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Jonathan Leinwand

Address: 18305 Biscayne Blvd. Suite 200

Aventura, FL 33160

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Ben Quick

Address: 21 PLYMSTOCK RD, PLYMOUTH,

United Kingdom, PL9 7NX

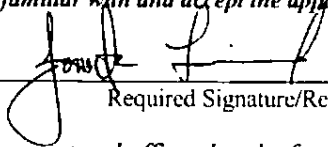
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

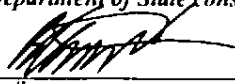


Required Signature/Registered Agent

August 25, 2022

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.*



Required Signature/Incorporator

25/08/2022

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 AUG 25 PM 3:56