# 103000043847

(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:
Market Chris
Office Use Only



300015040153

04/04/03--01022--016 \*\*78.75

SECRETARY OF STATE TALLAHASSEE FLORID

## TRANSMITTAL LETTER

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

SUBJECT:	Babs Bar	baro. P.A.		
•		(Proposed corpor	ate name - must include suff	lx)
Enclosed is an ori	iginal and on	e(1) copy of the article	s of incorporation and a c	check for :
\$70.00		\$78.75	<b>□\$</b> 122.50	\$131.25
Filing Fee	;	Filing Fee	Filing Fee	Filing Fee,
		& Certificate	& Certified Copy	Certified Copy & Certificate
				& Certificate
		,	ADDITIONAL CO	PY REQUIRED
FROM: _	Barbara	Barbaro		
		Name (Printed	or typed)	
	104 0- 4			
	104 2nd	Addre	10	<del></del>
		Your	<b>.</b>	
			·	
•	Rollesi	City, State	3786 & Zip	
			•	
	_727-392-	-4015		
•		Darrime Telent		<del></del>

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



April 10, 2003,

BARBARA BARARO 104 2ND ST. BELLEAIR BEACH, FL 33786

SUBJECT: BABS BARBARO, P.A. Ref. Number: W03000010231

We have received your document for BABS BARBARO, P.A.. However, the document has not been filed and is being returned for the following:

The specific nature of business of the professional association must be stated in the document.

Please return the 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) 245-6934.

Loria Poole Corporate Specialist New Filings Section

Letter Number: 003A00021513

SECRETATION OF STATE

# ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Babs Barbaro, P.A.

03 APR 18 PH 2: 23
SECRETARY OF SINTE
TALL NHASSEE FLORINA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

104 2nd St.
Helleair Beach, FL 33786

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 shares with par value of \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Barbara Barbaro 104 2nd St. Belleair Beach, FL 33786

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Barbara Barbaro 104 2nd St. Belleair Beach, Fl 33786

# **ARTICLE VI**

Babs Barbaro P.A. will be a speech and language therapy business. Barbara works as an independent contractor for Moss Speech and Language Center in St. Petersburg, FL.

The und	iersigned	incorporato	r(s) has(have) exe	cuted these Ar	ticles of Inc	orporation th	iis
7	_ day of	March		2003	<del>-</del> '		
(An add	itional art	icle must be	added if an effec	tive date is req	uested.)		
		Parla	ua Bulay	Signature		. , .	,
				Signature	<del>,</del>		
		***************************************	·	Springe			

Notarization is not required

# CERTIF CATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

\_Babs\_Barbaro\_P.A.\_\_\_

1. The name of the corporation is:

2. The name and address of the registered agent and office is:
TALS:
Barbara Barbaro
(NAME)
(P.O. Box or Mail Drup Box NOT ACCEPTABLE)
OR N
Belleair Beach, F1 33786 ST &
(CITY/STATE/Zit )
Having been named as registered agent and to uccept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment ar registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
BOUTAIA BOUTAUT 3/07/03 (DATE)