

P 12000099716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

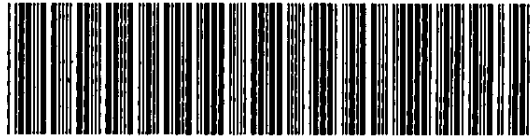
(Business Entity Name)

(Document Number)

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

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 DEC -5 AM 11:56

12/4/12

**COVER LETTER**

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

**SUBJECT: BAY ACADEMIC SUPPORT, INC.**

**(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  
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 COPY REQUIRED**

**FROM: GIGI ESPINOLA**

Name (Printed or typed)

**10419 OAKBROOK DRIVE**

Address

**TAMPA, FL 33618**

City, State & Zip

**813-416-2353**

Daytime Telephone number

**onjell@yahoo.com**

E-mail address: (to be used for future annual report notification)

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**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)

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: BAY ACADEMIC SUPPORT, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address  
3414 BAY TO BAY BOULEVARD  
SUITE 200  
TAMPA, FL 33629

Mailing address, if different is:  
10419 OAKBROOK DRIVE  
TAMPA, FL 33618

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ACADEMIC SUPPORT BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GIGI ESPINOLA, PRESIDENT  
Address: 3414 BAY TO BAY BOULEVARD  
SUITE 200  
TAMPA, FL 33629

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

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

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

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

ARTICLE VI REGISTERED AGENT

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

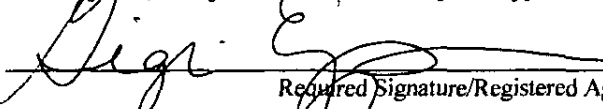
Name: GIGI ESPINOLA  
Address: 10419 OAKBROOK DRIVE  
TAMPA, FL 33618

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

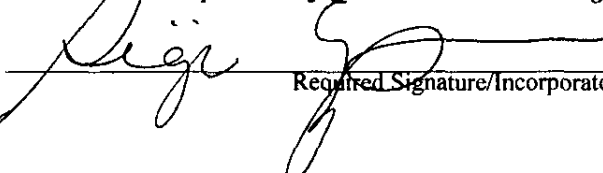
Name: GIGI ESPINOLA  
Address: 10419 OAKBROOK DRIVE  
TAMPA, FL 33618

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

12/3/12  
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

12/3/12  
Date