6/4/24, 10:24 AM Division of Corporations

F24000003127

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MERIAM CORPORATE SERVICES, INC.
Account Number : I20230000158
Phone : (720)318-8456
Fax Number : (480)771-3338

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
meriamfinancial@gmail.com
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FOREIGN PROFIT/NONPROFIT CORPORATION

Bayside Enterprise, Inc.

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

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Bayside Enterprise, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

Bayside Promotions, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Maryland
(State or country under the law of which it is incorporated)

3. 92-1126375
(FEI number, if applicable)

4. 11/07/2022
(Date of incorporation)

5. _____
(Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11501 Lake Underhill Rd Orlando FL 32825
(Principal office **street** address)

_____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Austin Burke

Office Address: 11501 Lake Underhill Rd

Orlando (City), Florida 32825 (Zip code)

9. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Austin Burke
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS

☐Chairman Name: Austin Burke
☐Vice Chairman Address: 11501 Lake Underhill Rd
☒Director Orlando FL 32825
☒President
☐Vice President
☒Secretary ☒Treasurer
☐Other ☐Other

☐Chairman Name:
☐Vice Chairman Address:
☐Director
☐President
☐Vice President
☐Secretary ☐Treasurer
☐Other ☐Other

☐Chairman Name:
☐Vice Chairman Address:
☐Director
☐President
☐Vice President
☐Secretary ☐Treasurer
☐Other ☐Other

☐Chairman Name:
☐Vice Chairman Address:
☐Director
☐President
☐Vice President
☐Secretary ☐Treasurer
☐Other ☐Other

☐Chairman Name:
☐Vice Chairman Address:
☐Director
☐President
☐Vice President
☐Secretary ☐Treasurer
☐Other ☐Other

☐Chairman Name:
☐Vice Chairman Address:
☐Director
☐President
☐Vice President
☐Secretary ☐Treasurer
☐Other ☐Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form

12. ______________________________
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13 Austin Burke, President
(Typed or printed name and capacity of person signing application)

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STATE OF MARYLAND
Department of Assessments and Taxation

I, DANIEL K. PHILLIPS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT BAYSIDE ENTERPRISE, INC. (D23436074), INCORPORATED NOVEMBER 07, 2022, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 30, 2024.

Daniel K. Phillips
Director

700 East Pratt Street, 2nd Flr, Ste 2700, Baltimore, Maryland 21202
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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