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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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RECEIVED
10 APR 29 AM 11:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 APR 29 AM 11:58
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BACKYARD BAR - B-QE FEST
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: ESTELLE Mc Kay
Name (Printed or typed)

9871 Timmons Rd
Address

Tallahassee FL 32392
City, State & Zip

(813) 385-1191
Daytime Telephone number

ESTELLE.M@Tampabay.FL.COM
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: **BACKYARD BAR-B-QUE FEST, Inc**

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
**9871 Timmons Rd
~~14~~ THONOTOSASSA FL. 33592**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
**Scholarship Fund Raising Event
Support & Encourage Students Thru to Post Secondary School**

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
Rotated By Members

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
**CURT L. MCKAY (PRESIDENT)
ESTELLE MCKAY (VICE PRESIDENT)**

**FILED
10 APR 29 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**


ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
**ESTELLE MCKAY
9871 Timmons Rd
THONOTOSASSA FL. 33592**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
**Estelle McKay
9871 Timmons Rd
THONOTOSASSA FL. 33592**


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.



Signature/Registered Agent

4/29/10

Date



Signature/Incorporator

4/29/10

Date