N12000008227

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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08/10/12--01013--005 **78.75

8/13 W12-42153

COVER LETTER

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

	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed is an original \$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	

SUBJECT: Bay Harbor Business Association, Inc.

FROM: Kris I. Dougherty, CPA
Name (Printed or typed)

1005 Kane Concourse, Ste. 203

Bay Harbor Islands, Florida 33154

City, State & Zip

305-868-1333

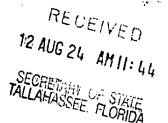
Daytime Telephone number

krisdou@msn.com

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

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





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 14, 2012

KRIS I. DOUGHERTY, CPA 1005 KANE CONCOURSE, STE 203 BAY HARBOR ISLANDS, FL 33154

SUBJECT: BAY HARBOR BUSINESS ASSOCIATION, INC.

Ref. Number: W12000042153

We have received your document for BAY HARBOR BUSINESS ASSOCIATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please complete Article(s) I.

Please return 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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 312A00020876

ARTICLES OF INCORPORATION

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

ARTICLE I ' The name of the corp	NAME Bay Harbor Business A poration shall be:	ssociation, Ir	1C.
ARTICLE II	PRINCIPAL OFFICE		Mailing address if different in
	Principal <u>street</u> address 1027 Kane Concourse		Mailing address, if different is:
	Bay Harbor Islands, Florida 33154	 	
ARTICLE III	PURPOSE	·-	
The purpose for wh	ich the corporation is organized is:		
	siness in the local area by organizing ivities and offering a free local direct		
ARTICLE IV	MANNER OF ELECTION The manner in	which the director	s are elected and appointed:
Directors will b	e elected by association members.		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO		0.1
Name and Title: Jackie Abraham, President		Name and Title Address:	: <u>Jessica Cohen</u> 1047 Kane Concourse
Address:	1027 Kane Concourse Bay Harbor Islands, Florida 33154	_ Address.	Bay Harbor Islands, Florida 33154
Name and Titl	e:	- _ Name and Title	:
Address:		_ Address: -	
Nome and Titl	e.	- Name and Title	:
Address:		_ Address:	
		-	
	REGISTERED AGENT ida street address (P.O. Box NOT acceptable) of	'the manietaned age	ent is: \overline{N}
ne <u>name and Fiori</u> Name:	Kris I. Dougherty, CPA	the registered age.	10 15.
Address:	1005 Kane Concourse, Suite 203	- -	CD Mag
	Bay Harbor Islands, Florida 33154	-	N the state of th
	THE CORPORATION	-	
	INCORPORATOR ess of the Incorporator is:		
Name:	Kris I. Dougherty, CPA	_	en Till
Address:	1005 Kane Concourse, Suite 203	<u>-</u>	~ ≥
	Bay Harbor Islands, Florida 33154	<u>-</u>	***
Having been named vertificate, I am fam	l as registered agent to accept service of proce iliar with and accept the appointment as register	ss for the above s ed agent and agre	stated corporation at the place designated in this te to act in this capacity
Z.	1 Novembert		8/21/2012
-	Required Signature of Registered Agent		Date
submit this docum the Department o	ent and affirm that the facts stated herein are tr f State constitutes a third degree felony as provid	ue. I am aware th ed for in s.817.15:	nat any false information submitted in a document 5, F.S.
×.	2 alasahist		8/21/2012
XCD	Required Signature of Incorporator		Date