# NM00000627

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800293566668

01/20/17--01011--005 \*\*70.00

17 JAN 20 AM BY 50

11/23/17

# **COVER LETTER**

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

SUBJECT: SA	ue BAY Par	te Got Ca	use Inc
Enclosed is an original an	(PROPOSED CORPO	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
\$70.00 Filling 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: _	Jeff Al	رم ص ne (Printed or typed)	-

Address

Seminole F/ 33776

City, State & Zip

City, State & Zip

Daytime Telephone number

Leff A 6703/60 Add. 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: Save Bay Pointe Golf Course, Inc.

# ARTICLE II PRINCIPAL OFFICE

Principal street and mailing address: 9433 Harbor Greens Way, #203, Seminole FL 33776

#### ARTICLE III PURPOSE

The purpose of this entity is to promote activities by the citizens of Pinellas County and other interested parties to combine their efforts and resources to prevent the re-zoning and development of the Bay pointe Golf Course in Seminole Florida

## ARTICLE IV MANNER OF ELECTION

The directors shall be elected annually each January as provided in the By Laws.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President: Linda McDowell

Address: 9433 Harbor Greens Way #203, Seminole, FL 33776

Vice-President: Jeff Allen

Address: 9032 140th Way N, Seminole Fl 33776

Secretary: Mark Mallin

Address: 9028 140Th Way N, Seminole Fl 33776

#### ARTICLE VI REGISTERED AGENT

Name: Valdis A. Silins

Address: 8855 140<sup>th</sup> Way Seminole Florida 33776

## ARTICLE VII INCORPORATOR

Jeff Allen

Address: 9032 140Th Way N, Seminole Fl 33776

## ARTICLE VIII EFFECTIVE DATE:

Date of filing.

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

Valdis A. Silins Registered Agent Date /-/2

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Jeff Allen

Date:

\_\_\_

0 AH \$50