119000007618

(Requestor's Name)
(A.1.1)
(Address)
(Address)
(, (44, 655)
(City/State/Zip/Phone #)
MAIL WAIT MAIL
(Business Entity Name)
(Document Number)
d Coning Codificator of Status
d Copies Certificates of Status
al Instructions to Filing Officer.
Office Hea Only
Office Use Only



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FILED
19 MAR 12 MM 9: 02
9 時 12 附 即 39 SECRETARY OF STATE FLORIDA

SCHROEDER

Holland & Knight	
Requester's Name 315 South Calhoun Street	, suite 600
Address	
Tallahassee, FL 32301 (8	850)425-5686
City/State/Zip Phon	ne #
	Commence of the control of the contr
	Office Use Only
ORPORATION NAME(S) & DO	CUMENT NUMBER(S), (if known):
2	
(Corporation Name)	P Inc (Document #)
. (Corporation Name)	(Document #)
(Corporation Name)	(Document#)
(Corporation (1944)	
·	(Document #)
(Corporation Name)	
Walk in Pick up time	
Mail out Will wait	Photocopy — Certificate of Stat
NEW FILINGS	AMENDMENTS
O Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
	☐ Foreign
Annual Report Fictitious Name	Limited Partnership
	Reinstatement
	Trademark Other
	Į
CD 3(103 L 7)07)	Examiner's Initia
CR2E03 I (7/97)	

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

	<u>NAME</u> corporation shall be:	Baysavers Group,	Inc.				_
RTICLE II	PRINCIPAL OF FICE						
115 Al	Principal <u>street</u> addres llen Memorial Way	58:		Mailing address, if differe	nt is:		
Port St	t, Joe, FL 32456						
	PURPOSE which the corporation is prida and the Lake Wim	s organized is:		o restore the waters of Apalacl lustrial State for the general wo			
area wildlife,	, residents and visitors.				=	- 1	
	<u></u>				31.13 SEC:	19 H	
					HAS HAS	HAR -	11
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					101 101 101	A 9.	Ö
TICLE IV	MANNER OF ELEC	TION The manner	in which the direct	ors are elected and appointed	RIDA	02	
	ors appointed. Subse	quent directors el	ected.	<i>₩</i>	9	_	
TCLE V	INITIAL OFFICERS	<u>AND/OR DIRECTO</u>	ORS	ors are elected and appointed $oldsymbol{q}_d$			
ne and Title:	Frank "Dusty" May	Director	Name and Title:_	Dewey Blalock, Director			
ress	115 Allen Memoria	l Way	Address: _	131 Heron Bay Lane			
	Port St. Joe, FL 324	56		Port St. Joe, FL 32456			
e and Title:	Heath Galloway, D	irector	Name and Title:_	Joel Norred, Director			
ess _	Post Office Box 33		_ Address:	133 Pogy Road			
-	Apalachicola, FL 32	329	. –	Apalachicola, FL 32320			
and Title:			Name and Title:				
'SS							
•			-				

ame and Title:_		Name and Title:	
ddress		Address:	
_			
_		-	
ame and Title:_		Name and Title:	
ddress		Address:	 -
_			
RTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acc	ceptable) of the registered agent is:	
ame:	Frank D. May	. <u> </u>	
ddress:	<u> 115 Allen Memorial Way</u>		19 SEI
	Port St. Joe, FL 32456		FILI 19 HAR 12 SEURETARY ALL AHASSEE
	INCORPORATOR Idress of the Incorporator is:		일을 목 끄
ime:	Frank D. May		D STATE STATE FLORIDA
idress:	<u>115</u> Allen Memorial Way		P P N
	Port St. Joe, FL 32456		
rtive date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific:	. (OPTIONAl	L) prior or 90 days after the filing.)
	inserted in this block does not meet the tive date on the Department of State's re		its, this date will not be listed as the
	ned as registered agent to accept service amiliar with and accept the appaintment of Registered Signature of Registered	t as registered agent and agree to act	poration at the place designated in this in this capacity Date/
ut this docu Departmen	ment and affirm that the Jack stated he t of State constitutes of third depree felon Required Signature of Ind	ly as provided for in s.817.155, F.S.	lse information submitted jn a document Date
	/ /		