

PO200012228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

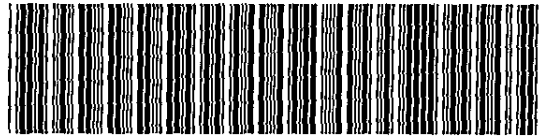
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: WINDJAMMER PROPERTIES BAYSIDE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Cecil G. McLendon, Jr.
Name (Printed or typed)

315 Washington Ave.
Address

Marietta, GA 30060
City, State & Zip

770-429-9275
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Windjammer Properties Bayside, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

315 Washington Ave.
Marietta, GA 30060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Property Investment

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):
Cecil G. McLendon, Jr., President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

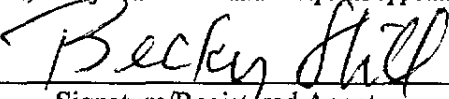
Becky Hill
612 2nd Court
Panama City, FL 32401

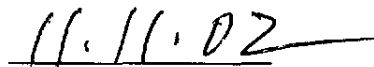
ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Cecil G. McLendon, Jr.
315 Washington Ave.
Marietta, GA 30060

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


Date


Signature/Incorporator


Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA