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(R€	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
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TRANSMITTAL LETTER

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

SUBJECT: BEACHES MAN	AGENENT	GROUP INC.		
(I ROI OSED CONI ORA)	E HAME " MOST HICKS.	CC DUAL ME)		
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	a check for:		
□ \$70.00 ☒ \$78.75	\$78.75	\$87.50		
Filing Fee Filing Fee	\$78.75 Filing Fee & Certified Copy	Filing Fee,		
& Certificate of Status	& Certified Copy	& Certificate of		
		Status		
	ADDITIONAL CO	PY REQUIRED		
FROM PATRICE IS N	1 (11 1 1 G AN	,		
FROM: PATRICE & MULLI (FAX Name (Printed or typed)				
ere in the DUS 11				
555 10 th DVE W Address				
DR BEALLY FLA 32250 City, State & Zip				
246-680/ 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: BEACHES MANAGEMENT GROUP INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 533 10 HAVE N JAX BEACH 1940. 32250 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: HOME INVESTMENT ~ ARTICLE IV SHARES The number of shares of stock is: 1,000,000 @ \$.001 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): PATRICK & MULLIGAN /PRESIDENT / DIRECTOR 533 10 HAVEN JAX BEACH FLA 32250 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: POTRICK E MULLIGAN 533 10 THAVEN JAX BEACH FLA 32250 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: PATRICK & MULLIGAN, 533 10HAVEN JAX BEACH 1819. 2250 Having heen 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