

PD4000127061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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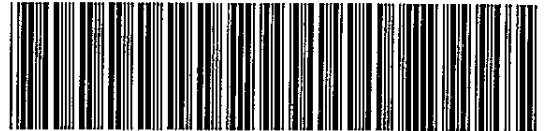
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

04 SEP -3 PM 2:53

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TH 9/3/04

TRANSMITTAL LETTER

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

SUBJECT: BAYSIDE CLOSINGS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: KEVIN M. LYNCH - FLORIDA DOCUMENT CENTERS
Name (Printed or typed)

8647-6 LITTLE RD

Address

NEW PORT RICHEY, FL 34654

City, State & Zip

(727) 848-9065

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

BAYSIDE CLOSINGS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9650 LAKE VIEW DR
NEW PORT RICHEY FL 34654

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MICHELLE J. CARVALHO
9650 LAKE VIEW DR
NEW PORT RICHEY FL 34654
PRESIDENT/TREASURER/DIRECTOR

KELLY A. PHOTOS
9650 LAKE VIEW DR
NEW PORT RICHEY FL 34654
VICE-PRESIDENT/SECRETARY/DIRECTOR

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MICHELLE J. CARVALHO
9650 LAKE VIEW DR
NEW PORT RICHEY FL 34654

ARTICLE VII INCORPORATOR

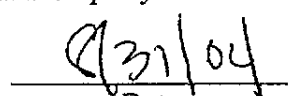
The name and address of the Incorporator is:

KEVIN M. LYNCH
FLORIDA DOCUMENT CENTERS
8647-6 LITTLE RD
NEW PORT RICHEY FL 34654

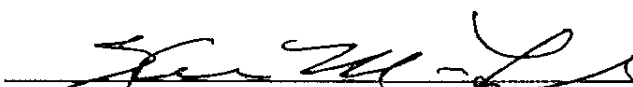
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:



Signature/Registered Agent



Date



Signature/Incorporator



Date