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## TRANSMITTAL LETTER

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

SUBJECT: BAY MA	AX, INC.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUTEDX)		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	La check for:		
	/			1	
\$70.00	<b>☑</b> \$78.75	\$78.75	\$87.50	İ	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	ļ	
	& Certificate of Status	& Certified Copy	Certified Copy		
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	ADDITIONAL CO				
			v - mayoutes	1	
FROM: AN	THONY MAYS				
	Name (	(Printed or typed)			
				90	**
_	10707 EVENING WOOD CT			2:m	
	A	Address		05 APR 22	
				.3	
<u>"</u>	TRINITY, FLORIDA 34655			3	
_	City,	State & Zip			C.3
				8:	
<u>.</u>	727-372-1155			<b>&gt;</b> ;	5
	Daytime To	elenhone number			

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

## In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: BAY MAX, INC PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: 10707 EVENING WOOD CT. **TRINITY, FL. 34655** ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: **REAL ESTATE** 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): ANTHONY MAYS, PRESIDENT 10707 EVENING WOOD CT **TRINITY, FL. 34655** ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: **RENEE MAYS** 10707 EVENING WOOD CT TRINITY, FL. 34655 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: RENEE MAYS 10707 EVENING WOOD CT TRINITY, FL. 34655 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

ARTICLES OF INCORPORATION