P07000100943

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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2007 SEP 10 PH 4: 19

TALLAHASSEE FLORIDA

CB.9-11

COVER LETTER

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

SUBJECT: BA	LY <u>TSLE CONSUL</u> (PROPOSED CORPORA	TING CORPO	ORATION	
	/ (PROPOSED CORPORA	TE NAME – <u>MÜST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:	
\$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO	OPY REQUIRED	
_	Prou KIER	.		
FROM: CAROL KIEF Name (Printed or typed)				
2507 BAY ISLE DRIVE				
Address				
	// -/ -			
WESTON FL 33327 City, State & Zip				
City, State & Zip				
248 670 1132				
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)	FILED
, ARTICLE I NAME	
The name of the corporation shall be:	2007 SEP 10 DW
BAY ISLE CONSULTING CORPORATION	2007 SEP 10 PM 4: 19
CONSULTING CORPORATION	TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	LURIDA
The principal place of business/mailing address is:	
2507 BAY ISCE DRIVE	
WESTON FC 33327	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
TO DO ALL LAWFUL ACTS AllOWED BY	STATE OF FLORIDA
ARTICLE IV SHARES	
The number of shares of stock is:	
50,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
CAROL KIEF, PRESIDENT	
2507 BAY ISLE DRIVE	
_ `	
WESTON FL 37327	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the reg	gistered agent is:
CAROL LIEF	
2507 BAX ISLE DRIVE	
WESTON FL 33327	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
CAROL KIEC	
2507 BAY ISLE DRIVE	
WESTON FC 33327	
************	**********
Having been named as registered agent to accept service of process for the above stated c certificate, I am familiar with and accept the appointment as registered agent and agree to	
A 11'A	0/11/ -
Santara / Politican A cont	<u> </u>

Signature/Incorporator