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COVER LETTER

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

SUBJECT: AYT, In	c. (PROPOSED CORPORA)	FE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	i a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM: Br	ian L. Shapiro		
-	Name (I	Printed or typed)	
	4859 Park Street N 207		
	A	ddress	
	Saint Petersburg, FL 33709		
	City, s	State & Zip	
	727 388 2380		·
	Daytime Te	elephone 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:

AYT, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4859 Park Street N 207 Saint Petersburg, FL 33709

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales/Marketing

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

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<u>ARTICLE VI REGISTERED AGENT</u>

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

Brian L. Shapiro 4859 Park Street N 207 Saint Petersburg, FL 33709

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Brian L. Shapiro 4859 Park Street N 207 Saint Petersburg, FL 33709

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

Signature/Incorporator

Date

11/09

Date