# P09000030984

(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:  AUTHORIZATION BY FHONE TO CORRECT A LA LUC ON RA DATE 47709  NAME 109  NAME 109  NAME 1000  NAME 1000				





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09 APR -3 PH 3: 14
SECRETARY OF STATE



# **COVER LETTER**

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

SUBJECT: Bayside	Inn & Marina (PROPOSED CORPOR	ATÉ NAME – <u>MUST INCI</u>	UDE SUFFIX)
	`		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
FROM: <u>Lu</u>	igi V. DeFabrizio Name	e (Printed or typed)	
	11365 Gulf Boulevard	Address	
	Treasure Island, FL 33706	y, State & Zip	<u>-</u>
	(727) 367-6456  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:

Bayside Inn & Marina, Inc.

# 09 APR - 3 PH 3: 14 SECRETARY UP STATE TALLAHASSEE. FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is:

11365 Gulf Boulevard, Treasure Island, FL 33706 - Principal PO Box 386, Saint Petersburg, FL 33731 - Mailing

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct lawful business in the state of Florida

### ARTICLE IV SHARES

The number of shares of stock is: 1.000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Luigi V. DeFabrizio, 6305 Augusta Boulevard, Seminole, FL 33733, Co-Owner

## ARTICLE VI REGISTERED AGENT

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

Apex Accounting Solutions, Inc. Keith D. Harris 845 22nd Street South Saint Petersburg, FL 33712

### ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Anthony Fasullo 8541 W. Gulf Boulevard Treasure Island, FL 33706

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

03/30/09

Signature/Registered Agent

Date

03/30/09

Date

Signature/Incorporator