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TRANSMITTAL LETTER

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

	DE MARINE MANAGEMENT, IN (PROPOSED CORPORA	O. ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
ed are an orig	ginal 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 PY REQUIRED
FROM: SA	MUEL SECORD	(Printed or typed)	
FROM: SA	MUEL SECORD Name	e (Printed or typed)	.
	Name 510 25TH AVE N		
	Name 510 25TH AVE N ST PETERSBURG, FL 3370	e (Printed or typed) Address , State & Zip	

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)

SECRETARY OF SIALL DIVISION OF CORPCAVITY .

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ARTICLE I NAME

7.

The name of the corporation shall be:

BAYSIDE MARINE MANAGEMENT, INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 510 25TH AVE N, ST PETERSBURG, FL 33704

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: ANY LAWFUL AND LEGAL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): SAMUEL SECORD - PRESIDENT

510 25TH AVE N, ST PETERSBURG, FL 33704

ARTICLE VI REGISTERED AGENT

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

SAMUEL SECORD 510 25TH AVE N, ST PETERSBURG, FL 33704

ARTICLE VII **INCORPORATOR**

The <u>name and address</u> of the Incorporator is:

SAMUEL SECORD 510 25TH AVE N, ST PETERSBURG, FL 33704

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