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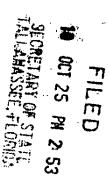
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Duemoco Linus, Mainte)				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer: Bongamun Four Continued				
AUTHORIZATION BY PHONE TO				
CORRECT States of Stock				
DATE				
DOC. EXAM				
	_			

Office Use Only



300186828873

10/25/10--01011--008 **78.75



PS 10/27/10

COVER LETTER

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

SUBJECT: Bay front Bu	orporate DAME - MUST INCLUDE SUFFIX)
(PROPOSED C	ORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy	of the articles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Sta	& Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Benjoin	Name (Printed or typed)
3910	<ing dr<="" td=""></ing>
	Address
Branoc	City, State & Zip
	BIS 833 - 6140 Daytime Telephone number
ONC_CAU. E-mail address:	to be used for future annual report notification)
E-mail address:	(to be used for future annual report notification)

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	<u>NAMOE</u>		
The name of the co	proporation shall be: Boy front Bui	lding Solutio	ous Tuc,
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing add	lress, if different is:
	3910 King Dr		
	Branoon, F(33511		
	<u>,</u>		
ARTICLE III	PURPOSE		
	hich the corporation is organized is:		
riic purpose tor v	men are corporation to organized to		
C	onstruction		
_			
6	Teneral Contracting		
	J		
ARTICLE IV	SHARES		
The number of sha	res of stock is:		
	100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS		
	itle: Benjamin KOBINSON	Name and Title:	
Address:	39.0 King Dr Brandon, Fl 33511	Address:	
•			
		·	
Name and T	itle:	Name and Title:	
Address:		Address:	
		,,	
Name and T	itle:	Name and Title:	
Address:		Address:	77 7 7
			ジ表 25 F
			海想 産 口
	REGISTERED AGENT		ST N
Name:	rida street address (P.O. Box NOT acceptable) of t		**************************************
Address:	3910 Kiny Dr		\$≅ S
ridaress.	ROANDON FL 33571		
	INCORPORATOR		
	dress of the Incorporator is:		
Name: Address:	Payanin Hoptnson		
Additess.	BRANDON, FL 33511		
	ed as registered agent to accept service of process		
this certificate, I a	m familiar with and accept the appointment as regis	stered agent and agree to act	in this capacity
			4
17			
	Required Signature/Registered Agent		Date
I submit this dom	iment and affirm th <u>at th</u> e facts stated herein are t	true I am aware that the G	alse information submitted in .
	epartment of State constitutes a third degree felony		
) and a degree jelony	an province for an area relation	, - ··
			1011510
- / - /	Required Signature/Incorporator		Date