

711000010556

(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:

Office Use Only



700191299597

01/18/11--01011--008 **70.00

FILED
2011 JAN 31 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 01 2011

W11-3674

COVER LETTER

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

SUBJECT: BAYSIDE AUTOMOTIVE SERVICES OF TAMPA, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: **RAYMOND MUESSIG**

Name (Printed or typed)

2904 GANDY BLVD

Address

TAMPA, FL. 33611

City, State & Zip

813-831-4035

Daytime Telephone number

WDAVISTAX@AOL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN 31 AM 9:59

FILED

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 AUTOMOTIVE SERVICES OF TAMPA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2904 GANDY BLVD
TAMPA, FL 33611

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
AUTO AND TRUCK REPAIRS

AFFECTIVE DATE ~~1-1-2011~~
1-27-2011

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address: <u>RAYMOND MUESSIG PRESIDENT</u>	Address: _____
<u>2904 GANDY BLVD</u>	_____
<u>TAMPA, FL 33611</u>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: RAYMOND MUESSIG
Address: 2904 GANDY BLVD
TAMPA, FL 33611

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAYMOND MUESSIG
Address: 2904 GANDY BLVD
TAMPA, FL 33611

FILED
2011 JAN 31 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Ray E Mueessig
Required Signature/Registered Agent

1-11-11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ray E Mueessig
Required Signature/Incorporator

1-11-11
Date