

P11000084352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

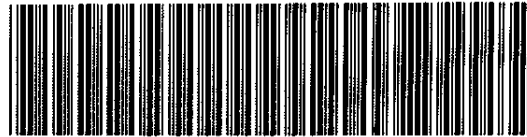
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900212221059

09/23/11--01041--008 **78.75

FILED
SECRETARY OF STATE
DIVISION OF REVENUE
2011 SEP 23 PM 2:11

9/26/11

COVER LETTER

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

SUBJECT: EllioBay Enterprises, 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: John T. Elliott
Name (Printed or typed)

5675 SE Mitzi Ln.
Address

Stuart, FL 34997
City, State & Zip

941-321-6314
Daytime Telephone number

JohnE5675@mail.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 SEP 23 PM 2:11

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: EllioBay Enterprises, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address
5675 SE Mitzi Ln.
Stuart, FL 34997

Mailing address, if different is: 2011 SEP 23 PM 2:11

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John T. Elliott, President
Address: 5675 SE Mitzi Ln.
Stuart, FL 34997

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: John T. Elliott
Address: 5675 SE Mitzi Ln.
Stuart, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John T. Elliott
Address: 5675 SE Mitzi Ln.
Stuart, FL 34997

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

John T. Elliott
Required Signature/Registered Agent

9/18/2011
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.

John T. Elliott
Required Signature/Incorporator

9/18/2011
Date