

712000006847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

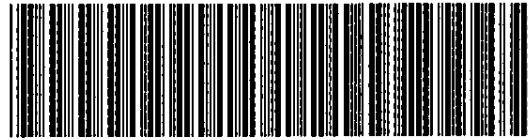
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2012 JAN -3 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 04 2012

COVER LETTER

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

SUBJECT: BIANCA BAYLOR, 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: Robert J. SCAMATA, P.A.
Name (Printed or typed)

6817 South point Hwy #7504
Address

Jacksonville, FL 32216
City, State & Zip

(904) 296-1050
Daytime Telephone number

RJSCAMATA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

2012 JAN -3 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: BIANCA Baylor, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5972 Covered Creek Ln
Jacksonville, FL 32277

Mailing address, if different is:

P.O. Box 5504 32225
JACKSONVILLE, FL 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

✓ IMAGE Consulting Business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BIANCA Baylor
Address: 5972 Covered Creek Ln
JACKSONVILLE, FL 32277

Name and Title: President, Treasurer
Address: _____

Name and Title: Sandra V. Baylor
Address: 5972 Covered Creek Ln
JACKSONVILLE, FL 32277

Name and Title: Secretary
Address: _____

Name and Title: Dayne T. Baylor
Address: 5972 Covered Creek Ln
JACKSONVILLE, FL 32277

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: Robert J. Slama, ESQ.
Address: 6817 Southport Pkwy, #2504
JACKSONVILLE, FL 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert J. Slama, ESQ.
Address: 6817 Southport Pkwy, #2504
JACKSONVILLE, FL 32216

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

Robert J. Slama
Required Signature/Registered Agent

12/27/11
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.

as agent of Bianca Baylor
Robert J. Slama
Required Signature/Incorporator

12/27/11
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA