

Feb 28 2012 6:45PM

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p. 1

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
BAYLAWNS CARES, INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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H12000052653 3

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:

BAYLAWNS CARES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10906 FILLMORE AVENUE
PORT RICHEY, FLORIDA 34668

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT
JAMES RUDOLPH MANNING
10906 FILLMORE AVENUE
PORT RICHEY, FLORIDA 34668

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H12000052653 3

H12000052653 3

PAGE 2 BAYLAWNS CARES, INC

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JAMES RUDOLPH MANNING
10906 FILLMORE AVENUE
PORT RICHEY, FLORIDA 34668

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

JAMES RUDOLPH MANNING
10906 FILLMORE AVENUE
PORT RICHEY, FLORIDA 34668

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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.


JAMES RUDOLPH MANNING / Registered Agent

02/28/2012
Date


JAMES RUDOLPH MANNING / Incorporator

02/28/2012
Date

H12000052653 3