

P 12000054989

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILING CANCELLED  
RETURNED CHECK

06/18/12--01027--005 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 18 PM 12:45

6/19/12

**COVER LETTER**

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

**SUBJECT: Bay Road Associates, 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: Ron Barfield

Name (Printed or typed)

10661 Airport Pulling Road, Ste. 16A

Address

Naples, FL 34109

City, State & Zip

239-537-7965

Daytime Telephone number

Bayroadassociates@hotmail.com

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

12 JUN 18 PM 12:45

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**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** Bay Road Associates, Inc.  
The name of the corporation shall be:

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DIVISION OF CORPORATIONS

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address  
10661 Airport Pulling Road  
Suite 16A  
Naples, FL 34109

Mailing address, if different is: 12 JUN 18 PM 12:46

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
any lawful business

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**ARTICLE IV SHARES**  
The number of shares of stock is: 2000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ron Barfield  
Address: 10661 Airport Pulling Road  
Suite 16A  
Naples, FL 34109

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: Ron Barfield  
Address: 10661 Airport Pulling Road, Ste. 16A  
Naples, FL 34109

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ron Barfield  
Address: 10661 Airport Pulling Road, Ste. 16A  
Naples, FL 34109

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

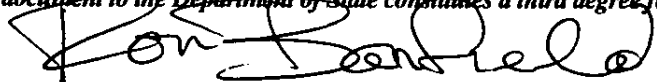


Required Signature/Registered Agent

06/14/2012

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.



Required Signature/Incorporator

06/14/2012

Date