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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 DEC -5 AM 11:56

12/6/12

## COVER LETTER

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

SUBJECT: **BAY ACADEMIC SUPPORT, 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: **GIGI ESPINOLA**

Name (Printed or typed)

**10419 OAKBROOK DRIVE**

Address

**TAMPA, FL 33618**

City, State & Zip

**813-416-2353**

Daytime Telephone number

**onjell@yahoo.com**

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

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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**

The name of the corporation shall be: **BAY ACADEMIC SUPPORT, INC.**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3414 BAY TO BAY BOULEVARD  
SUITE 200  
TAMPA, FL 33629

Mailing address, if different is:

10419 OAKBROOK DRIVE  
TAMPA, FL 33618

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ACADEMIC SUPPORT BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: GIGI ESPINOLA, PRESIDENT

Address: 3414 BAY TO BAY BOULEVARD  
SUITE 200  
TAMPA, FL 33629

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:

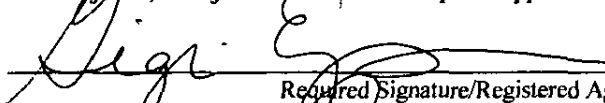
Name: GIGI ESPINOLA  
Address: 10419 OAKBROOK DRIVE  
TAMPA, FL 33618

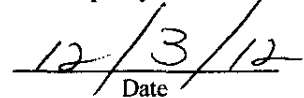
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GIGI ESPINOLA  
Address: 10419 OAKBROOK DRIVE  
TAMPA, FL 33618

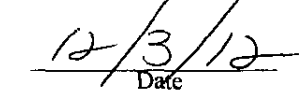
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Required Signature/Registered Agent

  
Date 12/3/12

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

  
Date 12/3/12