

PI300006722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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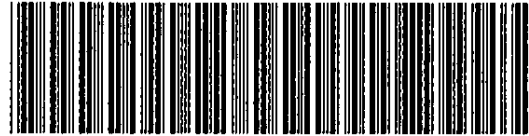
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 12 PM 2:08

PS 8/10/13

COVER LETTER

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

SUBJECT: Bay Breeze Builders, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Robert R Hanson**
Name (Printed or typed)
3921 Dunaire dr.
Address
Valrico, Fl. 33596
City, State & Zip
813-263-8982
Daytime Telephone number
spotlight@yourinspectionsite.com
E-mail address: (to be used for future annual report notification)

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)

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Bay Breeze Builders, INC.

13 AUG 12 PM 2: 08

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3921 Dunaire dr.

Valrico, Fl. 33596

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation may engage in
any activity or business permitted under the laws of the
United States and of the State of Florida.

ARTICLE IV SHARES

100,000 shares of one dollar (\$1.00) par value common stock

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert R Hanson / President

Name and Title: _____

Address 3921 Dunaire dr.

Address: _____

Valrico, Fl. 33596

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION OF CORPORATIONS
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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

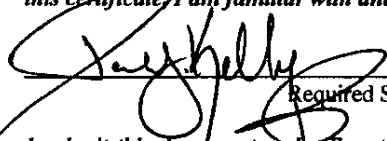
Name: Paul J Kelly, P.A
Address: 2959 First ave. North
St. Petersburg, Fl. 33713

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert R Hanson
Address: 3921 Dunaire dr.
Valrico, Fl. 33596

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

7/15/2013
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

07/10/2013
Date