## P140000/20/2

(Re	equestor's Name)	
(Ac	ldress)	<del></del>
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	<del>)</del>
(Document Number)		
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only

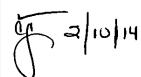


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IVISILA OF CORPORATIONS



## **COVER LETTER**

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

SUBJECT: 2	AYSHORE	FLOORS	NC.	
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	<b>★</b> \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Name (Printed or typed)  494 40TH ALE N.  Address				
St. PETERSBURG, FL. 33703				

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)

The name of the corp	oration shall be: BAY 6	HORE FL	OOPS INC	ِ رَ <del>نِي َ .</del> - و <u>ري .</u>
	Principal street address		Mailing address, if differe	May 1
St. Pere	insbury			
FL. 33	5703			
ARTICLE III PI The purpose for which	TRPOSE the the corporation is organized is:	CARPET	INSTALLA	etion)
ARTICLE IV S. The number of shares  ARTICLE V II  Name and T	of stock is: 100	Name and	Citle:	
Address	494 40TH AVE 54. PETERSB FL. 33703			
Name and Ti	tle: WALNE FUL	AR Name and T	Title:	
Address	494 40 TH AVE St. PETERSBU	5 N. Address:		
	FL. 33703			
Name and Ti	tle:	Name and T	itle:	
Address		Address:		

Name and Title:	Name and Title:
Address	Address:
<del></del>	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo	x NOT acceptable) of the registered agent is:
Name: JULIA WH	ITE
Address: 494 40TH A	JEN.
St. PETERST	SURG, FL. 33703
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: WayNE K	JKAR
Address: 444 40 Tet A	
St. RETER	25EURY FL 33703
Having been named as registered agent to accept this certificate, I am familiar with and accept the	pt service of process for the above stated corporation at the place designated in e appointment as registered agent and agree to act in this capacity
ofula White	1/31/14
▼ Required Signature/F	egistered Agent Date
I submit this document and affirm that the factoristic document to the Department of State constitutes	ts stated herein are true. I am aware that the false information submitted in a a third degree felony as provided for in s.817.155, F.S.
Witten	1/31/2014  Incorporator
Nequired Signature	neorporator Dage

11 VIEW GOOD OF STATE OF STATE