

P14000054738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

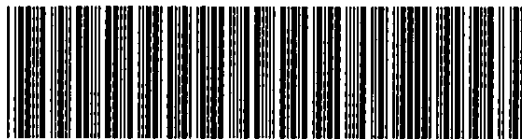
(Document Number)

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

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04/08/14--01006--020 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUN 20 PM 4:37

APPROVED  
AND  
FILED

1/4

## COVER LETTER

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

SUBJECT: **Bancorp, Ltd.**

(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: **Harold Martin**

Name (Printed or typed)

**9902 S. Thomas Dr. #434**

Address

**Panama City Beach, FL 32408**

City, State & Zip

**850-267-0702**

Daytime Telephone number

**shebamartin@comcast.net**

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

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2014

HAROLD MARTIN  
9902 S. THOMAS DR. #434  
PANAMA CITY BEACH, FL 32408

SUBJECT: BANCORP, LTD.  
Ref. Number: W14000022952

We have received your document for BANCORP, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 414A00007761

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be:

BARLE'YS, Inc

14 JUN 20 PM 4:37

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9902 S. Thomas Dr. #434

Panama City Beach, FL 32408

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Bicycle rental

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Harold Martin, President

Name and Title: \_\_\_\_\_

Address

9902 S. Thomas Dr. #434

Address: \_\_\_\_\_

Panama City Beach, FL

32408

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

APPROVED  
AND  
FILED

(cont.)

14 JUN 20 PM 4:37

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Harold Martin  
Address: 9902 S. Thomas Dr. #434  
Panama City Beach, FL 32408

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Charles Mauter  
Address: 1431 McHenry Road Suite 216  
Buffalo Grove, IL 60089

*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

3-19-14  
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.*

  
Charles Mauter Required Signature/Incorporator

3/19/14  
Date