

12/25/2003

#7438 P.001/003

P15000014928

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000038083 3)))



H150000380833ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

RECEIVED  
15 FEB 13 PM 2:57  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
BAY DELIVERY SERVICES INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

15 FEB 13 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2 16 15 9

H15000038083

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME:** The name of the corporation is:BAY DELIVERY SERVICES INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7537 ADVENTURE AVENORTH BAY VILLAGE, FL 33141**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**PRESIDENT: GUEORGY ALVAREZ  
  
  
  
  
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

GUEORGY ALVAREZ7537 ADVENTURE AVENORTH BAY VILLAGE, FL 33141**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:GUEORGY ALVAREZ7537 ADVENTURE AVENORTH BAY VILLAGE, FL 33141

H15000038083

12/25/2032 05:00

#7438 P.003/003

H15000038083

**Required Signatures:**

*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*



Registered Agent

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.*



Incorporator

Date

FILED  
15 FEB 13 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H15000038083