

P/5000025035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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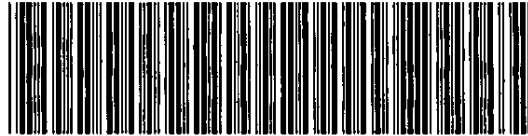
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
15 MAR 12 PM 3:56

κ 03/16/15

COVER LETTER

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

SUBJECT: **BAY BREEZE BOAT RENTALS, 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 MASTANDREA**
Name (Printed or typed)
414 N.W. 10TH TERRACE
Address
CAPE CORAL, FL 33993
City, State & Zip
(716) 602-5917
Daytime Telephone number
robertkellerwilliams@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be: BAY BREEZE BOAT RENTALS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

414 N.W. 10TH TERRACE

CAPE CORAL, FL 33993

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: boat rental business and all other
businesses authorized by law.

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ARTICLE IV SHARES

The number of shares of stock is: 7,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

ROBERT MASTANDREA, PRESIDENT, SECRETARY, TREASURER AND DIRECTOR
Name and Title: _____

Address 414 N.W. 10TH TERRACE
CAPE CORAL, FL 33993

AL FARRELL, VICE PRESIDENT AND DIRECTOR
Name and Title: _____

Address: 5603 DEAUVILLE COURT
CAPE CORAL, FL 33993

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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: ROBERT MASTANDREA
Address: 414 N.W. 10TH TERRACE
CAPE CORAL, FL 33993

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DIVISION OF CORPORATION

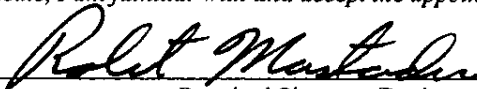
15 MAR 12 PM 3:56

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT MASTANDREA
Address: 414 N.W. 10TH TERRACE
CAPE CORAL, FL 33993

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

3/10/2015

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

3/10/2015

Date