

P150000 68166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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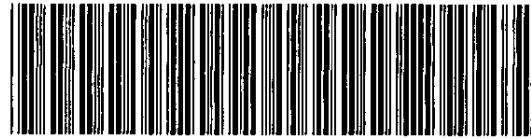
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG - 10 PM 1:21

APPROVAL
AND
FILED

1/1

COVER LETTER

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

SUBJECT: B-Yacht Sales 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
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: Nivardo Beaton

Name (Printed or typed)

19865 SW 136 St.

Address

Miami Fl. 33196

City, State & Zip

305-342-1480

Daytime Telephone number

nbeaton777@aol.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: B-Yacht Sales Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

19865 SW 136 St.

Miami Fl. 33196

Mailing address, if different is:

19865 SW 136 St.

Miami Fl 33196

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To sell Yachts, used yachts, new yachts

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nivardo Beaton, President

Name and Title: _____

Address 19865 SW 136 St.

Address: _____

Miami Fl.33196

Name and Title: Nivardo Beaton, secretary, treasurer

Name and Title: _____

Address 19865 SW 136 St.

Address: _____

Miami Fl. 33196

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED

Name and Title: _____ Name and Title: 15 AUG -10 PM 1:21

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: Nivardo Beaton

Address: 19865 SW 136 St.

Miami Fl 33196

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Nivardo Beaton

Address: 19865 SW 136 St.

Miami Fl. 33196

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

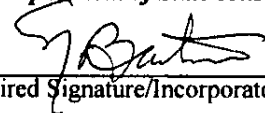
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

8/4/15
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

8/4/15
Date