

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Boy-Air, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

FILED

15 NOV -4 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/4/15 4:04 PM

COVER LETTER

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

SUBJECT: BOY-AIR, 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: GARY M. BOYER

Name (Printed or typed)

P O BOX 8

Address

POLK CITY, FL 33868

City, State & Zip

(407) 702-3299

Daytime Telephone number

GMBOYER@BOYERBUILDING CORP.COM

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

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

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15 NOV -4, PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: BOY-AM, INC.

ARTICLE II. PRINCIPAL OFFICE
Principal street address: 3931 HWY 357A Mailing address, if different is: P.O. BOX 8
POLK CITY, FL 33868 POLK CITY, FL 33868

ARTICLE III. PURPOSE
The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY.

ARTICLE IV. SHARES 100 SHARES
The number of shares of stock is: _____

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>GARY M. BOYER, PRESIDENT</u>	Name and Title:	<u>NAOMIE BOYER, SECRETARY</u>
Address:	<u>P.O. BOX 8</u>	Address:	<u>P.O. BOX 8</u>
	<u>POLK CITY, FL 33868</u>		<u>POLK CITY, FL 33868</u>

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

Name and Title:	_____	Name and Title:	_____
Address:	_____	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: GARY M. BOYER
Address: 3931 HWY 557A
POLK CITY, FL 33868

ARTICLE VII. INCORPORATION

The name and address of the incorporator is:

Name: GARY M. BOYER
Address: 3931 HWY 557A
POLK CITY, FL 33868

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 named corporation in the place designated in this certificate, I am qualified to and accept the appointment as registered agent and agree to act in this capacity.

[Signature]
Registered Signature/Registered Agent

11/2/15
Date

I submit this document and certify 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 817.155, F.S.

[Signature]
Required Signature/Incorporator

11/2/15
Date