P16000034886

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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16.APR 15 PH 10: 49

COVER LETTER

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

SUBJECT:	JM BAKER				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00 Filing Fee	*	\$78.75 Filing Fee & Certified Copy	Certified Copy & Certificate of Status		
		ADDITIONAL CO	DPY REQUIRED		
FROM:	EDGAN R. B	ACULMA e (Printed or typed)			
1973 SW SWIFT AVE Address					
	PORT ST. LUCI	E A 34953 State & Zip			
954-621-0048 Daytime Telephone number					
-		d 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	on shall be:	BAKER	In		
ARTICLE II PRINCIF	PAL OFFICE rincipal <u>street</u> address		Mailing address, if different is:		
1973 JW	INFFI AVE				
PORTST. 6	UCFE FL 34953				
ARTICLE III PURPOS The purpose for which the	<u>E</u> corporation is organized is:	BOAT 1	REPAER AND CONTRACTEN		
		OTHER	CONTRACTEN	5	
16	RUFCEI.	<u></u>			
		· · · · · · · · · · · · · · · · · · ·		6	<u> </u>
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				Нq	· I:
				$\overline{\Box}$	77.0
ARTICLE IV SHARES	Cock is: /00			64	KALISH
Name and Title:	OFFICERS AND/OR DIRECTO EDGAR BACULI	Name and T			
	1973 SW SWEFT				
-	Port It Love	<u>Fi 3</u> 4953			
Name and Title:_		Name and T	itle:		
Address _		Address:			
-			4444		
Name and Title:_		Name and T	itle:		
Address _		Address:			
•			-		_

Name and Title	2	Name and Title:	
Address		Address:	
		•	
ARTICLE VI REGI	<u>STERED AGENT</u> <u>street address</u> (P.O. Box NOT acceptable) of the	he registered agent is:	
Name:	EPGAR R. BACULIMA		
Address:	1973 SW SWEFF ANT PORT ST. LUCEE FL 3;		ಕ 🗒
	PORT ST. LUIST FL 3;	4953	P SHA
ARTICLE VII INCO	DRPORATOR		ਲ 🚆
•			
The name and address			<u> </u>
Name:	EDGAN R. BACUTORA)	5
Address:	1973 Sw 1-FFF AV		
	PORT ST LUIBE FA	24953	
ARTICLE VIII EFF Effective date, if other (If an effective date is days after the filing.)	than the date of filing: APTC / 2 of listed, the date must be specific and cannot	ols. (OPTIONAL) be more than five business days prior o	r 90 business
	ted in this block does not meet the applicable st we date on the Department of State's records.	atutory filing requirements, this date will	not be listed as
	s registered agent to accept service of process f miliar with and accept the appointment as regis		
Egfa, R	acul me	4 -	8-16
70010	Required Signature/Registered Agent		Date
	t and affirm that the facts stated herein are tr		n submitted in a
document to the Depar	tment of State constitutes a third degree felony	as provided for in s.817.155, F.S.	
Toler 12	Sou!mo.	L(-	8-16
V Required S	gnature/incorporator		Date