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FILED

16 MAY 13 AM 8:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

For information only - not for filing

1/11

COVER LETTER

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

SUBJECT: Bayshore Realty of Central Florida, 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: Robin Button

Name (Printed or typed)

14201 Marguerite Dr #1

Address

Madeira Beach Florida 33708

City, State & Zip

727-504-9120

Daytime Telephone number

rbutton@bayshore-realestate.com

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

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

I. Do not intend to revoke the
Dissolution & ^{please} release the name
to the new Corporation

Robert Butts

S-5-16

727 504 9120

\$35.00 Dissolve
\$70.00 new Corp.

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: Bayshore Realty of Central Florida, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

14201 Marguerite Dr #1

Madeira Beach Florida 33708

Mailing address, if different is:

PO Box 86654

Madeira Beach Florida, 33738

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate

ARTICLE IV SHARES

The number of shares of stock is: 60000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robin Button/President

Name and Title: _____

Address 14201 Marguerite Dr #1

Address: _____

Madeira Beach Florida 33708

Name and Title: Robin Button/Secretary

Name and Title: _____

Address 14201 Marguerite Dr #1

Address: _____

Madeira Beach Florida 33708

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: 16 MAY 13 AM 8:10
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: Robin Button
Address: 14201 Marguerite Dr #1
Madeira Beach Fl 33708

ARTICLE VII INCORPORATOR

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

Name: Robin Button
Address: 14201 Marguerite Dr #1
Madeira Beach Florida 33708

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/11/2016 (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

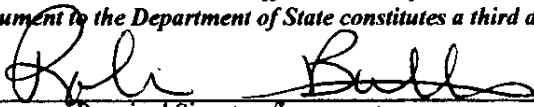


Required Signature/Registered Agent

5/11/2016

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

5/11/2016

Date