

PI6000046231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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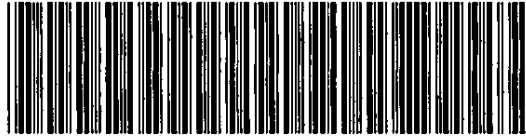
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

764
5-25-16

COVER LETTER

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

SUBJECT: BEACH LIFE ASSETS, 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: JAMES MAYES

Name (Printed or typed)

2420 ENTERPRISE RD. SUITE 200

Address

CLEARWATER, FL 33763

City, State & Zip

727-804-7842

Daytime Telephone number

JIM@BILTMOREGRP.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: BEACH LIFE ASSETS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
2420 ENTERPRISE RD. SUITE 200
CLEARWATER, FL 33763

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL BUSINESS ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES MAYES - PRESIDENT

Address: 2420 ENTERPRISE RD. SUITE 200
CLEARWATER, FL 33763

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

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: JAMES MAYES
Address: 2420 ENTERPRISE RD. SUITE 200
CLEARWATER, FL 33763

ARTICLE VII INCORPORATOR

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

Name: JAMES MAYES
Address: 2420 ENTERPRISE RD. SUITE 200
CLEARWATER, FL 33763

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/26/16 (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

5/1/16
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

5/1/16
Date