

(Re	equestor's Name)	
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<u></u>	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





05/18/16--01011--007 **78.75

COVER LETTER

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

SUBJECT: BII	LTMO	ORE VACATION RENTALS, INC	C.			
50 1 511		(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	orig	inal and one (1) copy of the a	rticles of incorporation and	d a check for:	_	
☐ \$70.0 Filing Fo		■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
			ADDITIONAL CO	PY REQUIRED]	
FROM:	JΛN	IES MAYES				- 1961
		Nan	ne (Printed or typed)		5	>E.
	2420	ENTERPRISE RD. SUITE 200			The last	** 30
			Address		co	357 357
	CLE	ARWATER, FL 33763			AM 8:	
		City	, State & Zip		55	
	727-	804-7842				>
		Daytime	Telephone number			
	JIM	@BILTMOREGRP.COM				•
		E-mail address: (to be us	ed for future annual report r	notification)		

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	BILTMORE VACATION RI		
ARTICLE II PRINCIPAL OFFICE Principal street address 350 GULF BLVD.		Mailing add	dress, if different is:
INDIAN ROCKS BEA			
ARTICLE III PURP The purpose for which	OSE the corporation is organized is: ANY LEG	AL BUSINESS ACTIVITIES	
ARTICLE IV SHAR The number of shares of	ES 100 stock is: AL OFFICERS AND/OR DIRECTORS		SECRETAR TALLARY 18
Name and Title	IAMES MAVES - DESIDENT	Name and Title:	
Address	2420 ENTERPRISE RD. SUITE 200	Address:	\$ [A] 8: 56
	CLEARWATER, FL 33763	_)A
Name and Title		Name and Title:	
Address			
Name and Title		Name and Title:	
Address		Address:	
		_	

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable)	of the province of the continu	
Name:	JAMES MAYES	or the registered agent is:	
Address:	2420 ENTERPRISE RD. SUITE 200		
	CLEARWATER, FL 33763		
ARTICLE VII	INCORPORATOR		SECRETAL LATERAL SECRETAL LATERAL SECRETAL LATERAL SECRETAL LATERAL SECRETAL SECRETA
The <u>name and a</u>	ddress of the Incorporator is:	7	
Name:	JAMES MAYES		
Address:	2420 ENTERPRISE RD. SUITE 200	c	သာ ႏြိုဟု
	CLEARWATER, FL 33763		ATE RIDA
Effective date, if (If an effective of days after the fine the Note: If the date	e inserted in this block does not meet the applicable	of be more than five business days prior of the business days days prior of the business days days days days days days days da	
Having been nag	effective date on the Department of State's records med as registered agent to accept service of proce am familiar with and accept the appointment as re Required Signature/Registered Agent	ss for the above stated corporation at the pl	city 1
I submit this doc document to the	cument und affirm that the facts stated herein ar. Department of State constitutes a third degree felo	e true. I am aware that the false informationy as provided for in s.817.155, F.S.	on submitted in a
Requ	ned Signature Incorporator		Date Date
	_ \		