

P/60000145

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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FLORIDA PROFIT/NON PROFIT CORPORATION

BAYSIDE Investments PL corp.

Certificate of Status	0
Certified Copy	1
Page Count	04
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T. SCOTT

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December 19, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: BAYSIDE FL CORP.
REF: W1600084456

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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Thomas Chang
Regulatory Specialist II
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P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

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

SUBJECT: BAYSIDE INVESTMENTS FL CORP.
(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: OSCAR H. MASSABIE
Name (Printed or typed)

20807 BISCAYNE BLVD. SUITE 104
Address

AVENTURA, FL 33180
City, State & Zip

305-987-7240
Daytime Telephone number

lavand@grgcpa.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: BAYSIDE INVESTMENTS FL CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 20807 BISCAYNE BLVD. SUITE 104
AVENTURA, FLORIDA 33180
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>OSCAR H. MASSABIE, PRESIDENT</u>	Name and Title:	_____
Address:	<u>20807 BISCAYNE BLVD. STE 104</u> <u>AVENTURA, FLORIDA 33180</u>	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address:	_____ _____ _____	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address:	_____ _____ _____	Address:	_____ _____ _____

12/16/2016 11:18 AM
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(cont.)

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: MARK GERSTLE
 Address: 2630 NE 203 STREET, STE 104
AVENTURA, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OSCAR H. MASSABIE
 Address: 20807 BISCAYNE BLVD. STE 104
AVENTURA, FLORIDA 33180

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 12/16/16
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 12/16/2016
Date