## P190000147586

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

J DENNIS

JUN 12 2019



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04/18/19--01011--020 \*\*35.00

05/31/19--01012--004 \*\*35.00

## **COVER LETTER**

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

SUBJECT: BAIN F	REAL ESTATE, INC.				
30B3DC1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )		
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRE				
FROM:	Candice Smith  Name (Printed or typed)  6607 Clair Shore Drive				
		Address			
Арс	ollo Beach, FL 33572				
_	City,	State & Zip			
813	-436-7024				
·	Daytime T	elephone number			
cano	licesmith1126@gmail.com				
<del>-</del> -	E-mail address: (to be use	d for future annual report r	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)

Description of the corporation is organized is:    Real Estate	I <i>E II</i> DDIN	CIB O ACCIAC		
The sum of the corporation is organized is:  The sum of the corporation is organized in the corporation is o		Principal street address	Mai	ling address, if different is
The V SHARES and the corporation is organized is:  The V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:  Address  Apollo Beach, Florida 33572  Name and Title:	Beach, FL 335	72		
The Internal States and Title:  Name and Title:  Name and Title:  Address  Name and Title:			<del></del>	
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	Mame and Title  Address  Name and Title  Address	AL OFFICERS AND/OR DIRECTORS Candice Smith, P / VP / S / T 6607 Clair shore Drive Apollo Beach, Florida 33572	Name and Title: Address: Name and Title: Address: Name and Title:	

Name a	nd Title:	Name and Title:	
Addres		Address:	
	REGISTERED AGENT		
Name:	Florida street address (P.O. Box NOT accept Candice Smith	able) of the registered agent is:	
Address:	6607 Clair Shore Drive		
•	Apollo Beach, Florida 33572		
ARTICLE VII	<u>INCORPORATOR</u>		
	address of the Incorporator is:		
Name:	Candice Smith		
Address:	6607 Clair Shore Drive		
	Apollo Beach, Florida 33572	<del></del>	
Effective date, it	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and	(OPTION:	AL) s prior or 90 days after the
	e inserted in this block does not meet the app effective date on the Department of State's re		ents, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of p am familiar with and accept the appointmen	process for the above stated cor t as registered agent and agree t	poration at the place designated in to act in this capacity
	and a Commette Comment of the Commen		5.28-19
	Required Signature/Registered Age	nt	Date
I submit this do document to the	cument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that th c felony as provided for in s.817	e false information submitted in a 7.155, F.S.
<u>C'a</u>	ndiel Smith		5-28-19
Requ	ired Signature/Incorporator		Date