

P23000010072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

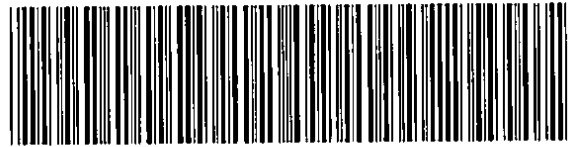
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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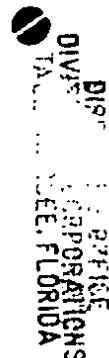


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S. CHATHAM
FEB - 9 2023

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FEB - 8 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FL

02/09/23--01001--017 **350.00



2023 FEB - 8 PM 3:34

RECEIVED

COVER LETTER

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

SUBJECT: Bayswater Management 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
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: Christopher Linman
Name (Printed or typed)

16850 Collins Avenue
Address

Sunny Isles Beach, FL 33160
City, State & Zip

347-292-1351
Daytime Telephone number

info@sunshinetaxes.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: Bayswater Management Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
16850 Collins Avenue

Mailing address, if different is:

Sunny Isles Beach, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher Linman - President Name and Title: _____

Address: 16850 Collins Avenue Address: _____
Sunny Isles Beach,
FL 33160

Name and Title: Sal Dioces Name and Title: _____

Address: 16850 Collins Avenue Address: _____
Sunny Isles Beach,
FL 33160

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Christopher Linman
Address: 16850 Collins Avenue
Sunny Isles Beach, Fl 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher Linman
Address: 16850 Collins Avenue
Sunny Isles Beach, Fl 33160

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/03/23 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

Christopher Linman
Required Signature/Registered Agent

02/03/23
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.

Christopher Linman
Required Signature/Incorporator

02/03/23
Date

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TALLAHASSEE, FL

FILED