P23000075688

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

Office Use Only



500417870995

2093 ~

11:11:25

RECEIVED

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/24/2023

NAME: BAY VALOR MANAGEMENT INC.

TYPE OF FILING: ARTICLES

COST:

87.50

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

BAY VALOR CAPITAL LLC 400 Cleveland Street Clearwater, Florida

October 24, 2023

Florida Department of State New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Florida 32303

Re: Similar Name Filings

Gentlemen & Mesdames:

We at Bay Valor Capital LLC, a Florida limited liability company, are causing there to be created subsidiaries of our entity with the Florida Department of State with names similar to ours. While we do not think that the filings for these entities are so similar that they would be rejected by the Department in an abundance of caution we advise the Department that we consent to the names and the formation of Bay Valor Residences LLC and Bay Valor Management Inc. as Florida entities.

Sincerely,

BAY VALOR CAPITAL LLC

Maises Agami Manager

COVER LETTER

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

SUBJECT: Da	(PROPOSED CORROR	ATE NAME - MUST INCL	Linu of the state
	(FROI OSED CORFOR	ATE NAME - MUST INCL	UDE SUFFIX)
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	
		ADDITIONAL CO	PY REQUIRED
FROM:	Ste	even L. Hayes	
	Nam	e (Printed or typed)	
	2840 We	st Bay Drive, Suite 373	
		Address	
	Belleair	Bluffs, Florida 33770	
	City.	State & Zip	
	(72	7) 238-5754	
	Daytime T	elephone number	

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

steve@hayesadvisoryservices.com

E-mail address: (to be used for future annual report notification)

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

Principal street address	Mailing address, if different is:
Cleveland Street	
arwater, Florida 33755	
ICLE HI PURPOSE	
purpose for which the corporation is organi	zed is: any and all purposes which a corporation may undertake under
vs of the State of Florida.	· · · · · · · · · · · · · · · ·
	With the second
TICLE IV SHARES	
number of shares of stock is:1,000 shares of C	Santana Charles and annual to
11222 2000 41. 01. 4	common Stock, no par value
ICLE V INITIAL OFFICERS AND/OR	R DIRECTORS
ICLE V INITIAL OFFICERS AND/OR	
TICLE V INITIAL OFFICERS AND/OR Name and Title:	Name and Title:
TICLE V INITIAL OFFICERS AND/OR Name and Title:	R DIRECTORS
TICLE V INITIAL OFFICERS AND/OR Name and Title:	Name and Title:Address:
Name and Title:Address	Name and Title:Address:
Name and Title:Address	Name and Title:Address:
Name and Title: Address	Name and Title:Address:
Name and Title: Name and Title: Address Name and Title:	Name and Title: Address:
Name and Title: Name and Title: Address Name and Title:	Name and Title: Address: Name and Title: Address:
Name and Title: Address Name and Title: Address Address	Name and Title: Address: Name and Title: Address: Address:
Name and Title: Address Name and Title: Address Address	Name and Title: Address: Name and Title: Address:
Name and Title: Address Name and Title: Address Address	Name and Title: Address: Name and Title: Address: Address:
Name and Title: Address Name and Title: Address Name and Title: Address	Name and Title: Address: Name and Title: Address: Name and Title: Address:
Name and Title: Address Name and Title: Address Name and Title: Address	Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title:
Name and Title: Address Name and Title: Address Name and Title: Address	Name and Title: Address: Name and Title: Address: Name and Title: Address:

Name and	Title:	Name and Title:	
Address		Address:	
			
	EGISTERED AGENT ida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Steven L. Hayes		
Address:	2840 Wast Bay Drive, Suite 373	<u> </u>	
-	Belleair Bluffs, Florida 33770	<u> </u>	
ARTICLE VII IN	CORPORATOR		
The <u>name and add</u>	ress of the Incorporator is:		
Name:	Steven L. Hayes		
Addre	ess: 2840 West Bay Drive, Suite 373	<u> </u>	
	Belleair Bluffs, Florida 33770	<u> </u>	
Effective date, if of	FFECTIVE DATE: ner than the date of filing: e is listed, the date must be specific and can	. (OPTIONAL not be more than five days p	.) orior or 90 days after the
Note: If the date in the document's effe	serted in this block does not meet the applicab ctive date on the Department of State's record	le statutory filing requirements.	ts, this date will not be listed as
Having been namea certificate, I am fan	as registered agent to accept service of process iliar with and accept the appointment as regist	for the above stated corporati ered agent and agree to act in	on at the place designated in thi this capacity
	Required Signature/Registered Agent		October 24, 2023 Date
I submit this docun document to the Dep	nent and affirm that the facts stated herein and parament of State constitutes a third degree felo	re true. I am aware that the f ony as provided for in s.817.15	false information submitted in 6 5, F.S.
Required Signature/	<u></u>		October 24, 2023
			202

28 - 1 - 814:35