(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Amy Fitch from Tavas on 12-10-24 @ 4:07 pm to correct "East" on RIA address.

Office Use Only



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COVER LETTER

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

SUBJECT:	Interbay Managemen	nt Solutions, Inc.	
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	TAVAS, LLC		
	Nam	e (Printed or typed)	
	3850 N Wilke Road		
	·	Address	
	Arlington Heights, IL	60004	
	City	, State & Zip	
	(800) 595-4176		
_	·	Telephone number	
	tom@interbaybuilding		
	E-mail address: (to be use	d 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)

	PAL OFFICE Principal street address	М	lailing address, if different is	:
7450 East Bay Blvd				-
Navarre, FL 32866				
ARTICLE III PURPO. The purpose for which th	SE to act as e corporation is organized is:	s a management compa	ny	
			. 20/.	<u>.</u>
				; 1
			C	<u>ა</u>
ARTICLE IV SHARE The number of shares of s	<u>\$</u> 1.000 tock is:		TE STA	
			<u>u</u> — (ក្ស ក
	Thomas F. Ferguson, Director		(*)	
Name and Title:	Thomas E. Ferguson, Director 7450 East Bay Blvd	Name and Title:_	Gregory T. Huddlestun, E	
	Thomas E. Ferguson, Director 7450 East Bay Blvd	Name and Title:_ Address:	(*)	
Name and Title:	Thomas E. Ferguson, Director		Gregory T. Huddlestun, E 7450 East Bay Blvd	
Name and Title:	Thomas E. Ferguson, Director 7450 East Bay Blvd Navarre, FL 32566	Address:	Gregory T. Huddlestun, E 7450 East Bay Blvd Navarre, Fl. 32566	Director
Name and Title: Address Name and Title:	Thomas E. Ferguson, Director 7450 East Bay Blvd Navarre, FL 32566	Address: Name and Title:	Gregory T. Huddlestun, E 7450 East Bay Blvd Navarre, Fl. 32566	Director
Name and Title:	Thomas E. Ferguson, Director 7450 East Bay Blvd Navarre, FL 32566	Address: Name and Title: Address:	Gregory T. Huddlestun, E 7450 East Bay Blvd Navarre, Fl. 32566	Director
Name and Title: Address Name and Title:	Thomas E. Ferguson, Director 7450 East Bay Blvd Navarre, FL 32566	Address: Name and Title: Address:	Gregory T. Huddlestun, E 7450 East Bay Blvd Navarre, Fl. 32566	Director
Name and Title: Address Name and Title: Address	Thomas E. Ferguson, Director 7450 East Bay Blvd Navarre, FL 32566	Address: Name and Title: Address:	Gregory T. Huddlestun, E 7450 East Bay Blvd Navarre, Fl. 32566	Director
Name and Title: Address Name and Title: Address Name and Title:	Thomas E. Ferguson, Director 7450 East Bay Blvd Navarre, FL 32566	Name and Title: Name and Title: Name and Title:	Gregory T. Huddlestun, E 7450 East Bay Blvd Navarre, Fl. 32566	Director
Name and Title: Address Name and Title: Address	Thomas E. Ferguson, Director 7450 East Bay Blvd Navarre, FL 32566	Address: Name and Title: Address: Name and Title: Name and Title:	Gregory T. Huddlestun, E 7450 East Bay Blvd Navarre, Fl. 32566	Director

Name ar	nd Title:	Name and Title:	
Address	s	Address:	
	REGISTERED AGENT		
	Florida street address (P.O. Box NOT a Gregory T. Huddlestun	cceptable) of the registered agent is:	
Name:	7450 Est Bay Blvd		
Address:	Navarre, FL 32866		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	Gregory T. Huddlestun		2024 `
Address:	7450 East Bay Blvd		2024 DEC
7,000	Navarre, FL 32866		(r) *
ARTICLE VIII	EFFECTIVE DATE:		PH 4: 5
Effective date, if (If an effective of filing.)	other than the date of filing:date is listed, the date must be specificated.	(OPTIONAL) c and cannot be more than five days prior	THE UT
Note: If the date	e inserted in this block does not meet the	e applicable statutory filing requirements, thee's records.	is date will not be listed as
		of process for the above stated corporation a	
Serificate, 1 am j	1//	nt as registered agent and agree to act in this	11.25.20Bc
6-1-	Required Signature/Registered	l Agent	Date
	cument and affirm that the facts stated	herein are true. I am aware that the false	information submitted in
I submit this doc document to the	Department of State constitutes a third (degree felony as provided for in s.817.155, F.	.S.

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

ARTICLE I NAME The name of the corporation	n shall be:	ions, Inc.	
ARTICLE II PRINCIPAL OFFICE Principal street address		М	ailing address, if different is:
7450 East Bay Blvd			· · · · · · · · · · · · · · · · · · ·
Navarre, FL 32866			
ARTICLE III PURPOS The purpose for which the	to act as corporation is organized is:	a management compa	ny
ARTICLE IV SHARE. The number of shares of st	∑ ock is:		2024 DEC -
	OFFICERS AND/OR DIRECTORS Thomas E. Ferguson, Director	Name and Title:_	ω ω
Name and Title: Address	7450 East Bay Blvd		7450 East Bay Blvd
-	Navarre, FL 32566		Navarre, FL 32566
-			
Name and Title:_		Name and Title:_	
Address _		Address: _	
-		 -	
Name and Title:_		Name and Title:_	
Address _		Address:	
-			

Name a	nd Title:	Name and Title:	
Addres	ss	Address:	
RTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptate	has of the revietered execution	
ame:	Gregory T. Huddlestun	of the registered agent is.	
ddress:	7450 Eat Bay Blvd		
	Navarre, FL 32866		
RTICLE VII	INCORPORATOR		
ne <u>name and a</u>	address of the Incorporator is:		
Name:	Gregory T. Huddlestun		
Address:	7450 East Bay Blvd		
	Navarre, FL 32866	2024 DEC	
		DEC .	
	EFFECTIVE DATE:	! ငပ	
fective date, i an effective ing.)	f other than the date of filing: date is listed, the date must be specific and	cannot be more than five days prior or 90 days after the	
ote: If the date document's	te inserted in this block does not meet the appl effective date on the Department of State's rec	icable statutory filing requirements, this date will be the listed cords.	d as
iving been na rtificate, I am	med as registered agent to accept service of pro familiar with and accept the appointment as re	ocess for the above stated corporation at the place designated in egistered agent and agree to act in this capacity	n this
Luy	Lander in	11.25.202	24
	Required Signature/Registered Agen	t Date	
submit this do	ocument and affirm that the facts stated herei Department of State constitutes a third degree	in are true. I am aware that the false information submitted felony as provided for in s.817.155, F.S.	'in a
In 1	Griddlevity _	11.25.202	4
quired Signat	ure/Incorporator	Date	_