

P18 000 035972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

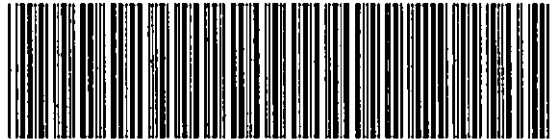
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/18/18--01018--003 **70.00

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18 APR 18 AM 3:41
TALLAHASSEE, FL



D O'KEEFE
APR 20 2018

COVER LETTER

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

SUBJECT: VASCULAR CENTER OF NAPLES, 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 \$78.75
Filing Fee Filing Fee
& Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: RUSSELL BECKER
Name (Printed or typed)

735 99TH AVENUE 229 Heron Ave
Address

NAPLES, FL 34108
City, State & Zip

810-599-1381
Daytime Telephone number

Russellbecker@msn.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

VASCULAR CENTER OF NAPLES, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

~~735 99TH AVENUE~~ 229 Heron Ave
NAPLES, FL 34108

ARTICLE III PURPOSE

MEDICAL SERVICES VASCULAR SURGERY
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

60,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RUSSELL BECKER PRESIDENT

Name and Title: _____

Address: ~~735 99TH AVENUE~~ 229 Heron Ave
NAPLES, FL 34108

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: RUSSELL BECKER
 Address: ~~735 99TH AVENUE~~ 229 Heron Ave
NAPLES, FL 34108

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: RUSSELL BECKER
 Address: ~~735 99TH AVENUE~~ 229 Heron Ave
NAPLES, FL 34108

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 18 APR 18 AM 9:41
 TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.)

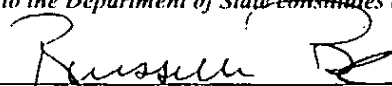
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

x 
 Required Signature/Registered Agent

x 4/13/18
 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.

x 
 Required Signature/Incorporator

x 4/13/18
 Date

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

ARTICLE I NAME VASCULAR CENTER OF NAPLES, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
735 99TH AVENUE → 229 Heron Ave

NAPLES, FL 34108 _____

ARTICLE III PURPOSE MEDICAL SERVICES VASCULAR SURGERY
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 60,000
The number of shares of stock is: _____

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10 APR 19 AM 9:41
CLERK OF DISTRICT COURT
NAPLES, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>RUSSELL BECKER PRESIDENT</u>	Name and Title: _____
Address: <u>735 99TH AVENUE 229 Heron Ave</u>	Address: _____
<u>NAPLES, FL 34108</u>	_____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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: RUSSELL BECKER
 Address: ~~735 99TH AVENUE~~ 229 Heron Ave
NAPLES, FL 34108

FILED
 18 APR 18 AM 9:41
 TALLAHASSEE, FL 32310

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: RUSSELL BECKER
 Address: ~~735 99TH AVENUE~~ 229 Heron Ave
NAPLES, FL 34108

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.)

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x 
 Required Signature/Incorporator

x 4/13/18
 Date