

N130000009802

(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:

Office Use Only



900252756959

10/15/13--01008--024 **87.50

FILED
13 OCT 28 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

113-57668

MD 10/29

COVER LETTER

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

SUBJECT: Naples BMX Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Michael LaPlatte

Name (Printed or typed)

4960 Tamarind Ridge Drive

Address

Naples, FL 34119

City, State & Zip

239-269-8891

Daytime Telephone number

appraisals@laplatteappraisals.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2013

MICHAEL LAPLATTE
4960 TAMARIND RIDGE DRIVE
NAPLES, FL 34119

SUBJECT: NAPLES BMX INC.
Ref. Number: W13000057464

We have received your document for NAPLES BMX INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 413A00024215

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

FILED
19 OCT 28 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Naples BMX Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4960 Tamarind Ridge Drive
Naples, FL 34119

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Develop and promote an organization for families of Collier County to participate in the sport of BMX.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: election by interested parties in forming Naples BMX

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael LaPlatte, ^PPresident
Address: 4960 Tamarind Ridge Drive
Naples, FL 34119

Name and Title: Andy Reites, ^VVice President
Address: 3727 Recreation lane
Naples, FL 34116

Name and Title: Laura Lykins, ^SSecretary
Address: 5770 Westport Lane
Naples, FL 34116

Name and Title: Mike Orstad, ^TTreasurer
Address: 101 Heritage Way
Naples, FL 34110

Name and Title: Michael Caldwell, ^RMember at large
Address: 5440b Teak Wood Dr.
Naples, FL 34119

Name and Title: _____
Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
13 OCT 28 PM 4:35
SECRETARY OF STATE
ALABAMA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: Michael LaPlatte
Address: 4960 Tamarind Ridge Drive
Naples, FL 34119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael LaPlatte
Address: 4960 Tamarind Ridge Drive
Naples, FL 34119

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



Required Signature of Registered Agent

10/10/13

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.



Required Signature of Incorporator

10/10/13

Date