

Office U
B5/9/14

COVER LETTER

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

SUBJECT: Naples Inventors' Technology Cluster, 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: James A. Vestermark
Name (Printed or typed)

10202 Vanderbilt Drive
Address

Naples, Florida 34108
City, State & Zip

513 659-2821
Daytime Telephone number

jamesvestermark@gmail.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Naples Inventors' Technology Cluster, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
10202 Vanderbilt Drive

Naples, Florida 34108

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To educate, train and mentor entrepreneurs for radical, disruptive inventions and innovation without prejudice.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

All directors and elected officers will be vetted and appointed according to Board Regulations serving two year terms.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James A. Vestermark, Founder and Chairman

Address: 10202 Vanderbilt Drive
Naples, Florida 34108

Name and Title: _____

Address: _____

Name and Title: Sam Sewell, Director of Mentors/Technology

Address: 10202 Vanderbilt Drive
Naples, Florida 34108

Name and Title: _____

Address: _____

Name and Title: Dr. John Peel, III, Director of Technology Transfer

Address: 10202 Vanderbilt Drive
Naples, Florida 34108

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
14 MAY - 6 PM 3:50

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: James A. Vestermark, Founder

Address: 10202 Vanderbilt Drive
Naples, Florida 34108

14 MAY - 6 PM 3:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE VII INCORPORATOR

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

Name: James A. Vestermark, Founder

Address: 10202 Vanderbilt Drive
Naples, Florida 34102

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

James A. Vestermark
JAMES A. VESTERMARK
Required Signature of Registered Agent

2 May 2014

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.

James A. Vestermark
JAMES A. VESTERMARK
Required Signature of Incorporator

2 May 2014

Date

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Name and Title: _____

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Naples, Florida 34108

Address: _____

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DIVISION OF CORPORATIONS
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Naples, Florida 34108

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