# TRANSMITTAL LETTER

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

100003285261 \*\*\*\*\*70.80 \*\*\*\*\*70.00

North Collier Group, 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** 

\$87.50 Filing Fee

& Certified Copy

Filing Fee. Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Patricia Cooper

Name (Printed or typed)

4001 Santa Barbara Blvd.

Address

Naples, Florida 34104

City, State & Zip

941-434-4562

Daytime Telephone number

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

# **LARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE DIVISION OF CORPORATIONS

OD JUN 12 AM 9: 44

# <u>ARTICLE I NAME</u>

The name of the corporation shall be:

North Collier Group, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4001 Santa Barbara Blvd. Naples, Florida 34104

# ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Patricia Cooper 4001 Santa Barbara Blvd. Naples, FLorida 34104

### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Patricia Cooper 4001 Santa Barbara Blvd. Naples, Florida 34104

Signature/Incorporator

\_\_\_\_\_

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date