20100107170

TRANSMITTAL LETTER

L4S. STUCCO OF COLLIER, INC

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

5009045555555555555 *****78.75 ******78.75

SUBJECT:	·		·	
	(Proposed corpo	orate 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	X_ \$78.75 Filing Fee & Certificate		
FROM:	DIAN M EDWARDS		SEC	
	Name (Printed or typed)		NOV-5 ECRETAR LLAHASS	<u> </u>
	1842 40TH TERR SW		ي شمير	LED
	Address		PM 3: 19 OF STATE EE, FLORID	
	NAPLES	, FL 34116	DE O	
		Tity, State & Zip		-
	941-455-	3047		
		Daytime Telephone number		

15, 10/01

FILED

ARTICLES OF INCORPORATION

01 NOV -5 PM 3: 19

SECRETARY OF STATE
The undersigned incorporator, for the purpose of forming a corporation under the Flanda Butiness Torpolalish Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

L₃S. STUCCO OF COLLIER, INC.

ARTICLE II PRINCIPAL OFFICE

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

2540 55TH ST SW NAPLES, FL 34116

ARTICLE III SHARES

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

ONE HUNDRED SHARES (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DIAN M EDWARDS 1842 40TH TERR SW NAPLES, FL 34116

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

GETHRO LINDOR 2540 55TH ST SW NAPLES, FL 34116

Signature/Incorporator

Date

(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 Lam familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date