

P0200013/426 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

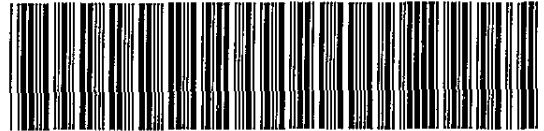
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02 DEC 13 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

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

**SUBJECT:** ART DAVID, P.A.  
(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 of Status

**ADDITIONAL COPY REQUIRED**

**FROM:** ARTHUR DAVID  
Name (Printed or typed)

286 PERIGNON PLACE  
Address

NAPLES, FL 34119  
City, State & Zip

(239) 250-5113  
Daytime Telephone number

**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)

**FILED**

02 DEC 13 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ART DAVID, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

ART DAVID, P.A.  
286 PERIGNON PLACE  
NAPLES, FL 34119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE SALES

ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTHUR DAVID, PRESIDENT/SECRETARY  
286 PERIGNON PLACE  
NAPLES, FL 34119

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:


ARTHUR DAVID  
286 PERIGNON PLACE  
NAPLES, FL 34119

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

ARTHUR DAVID  
286 PERIGNON PLACE  
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*

X   
\_\_\_\_\_  
Signature/Registered Agent      ARTHUR DAVID

X 12/11/02  
\_\_\_\_\_  
Date

X   
\_\_\_\_\_  
Date

X 12/11/02  
\_\_\_\_\_  
Date