

P03000087799

Teakwood, Inc.  
1673 Pine Ridge Road  
Naples, Florida 34109

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

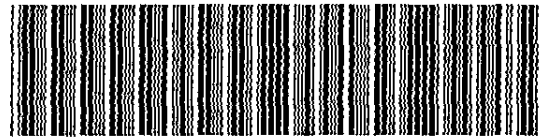
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W03-19607

Office Use Only

8/11/03



000020773860

07/07/03--01037--008 \*\*78.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 AUG 11 PM 4:05



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 11, 2003

TEAKWOOD INC  
% MICHAEL COPELAND  
1673 PINE RIDGE ROAD  
NAPLES, FL 34109

SUBJECT: TEAKWOOD, INC.  
Ref. Number: W03000019607

We have received your document for TEAKWOOD, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is A93000001186.

Please return the 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) 245-6934.

Loria Poole  
Document Specialist  
New Filings Section

Letter Number: 603A00041052

**ARTICLES OF INCORPORATION**

**OF**

**TEAKWOOD, ~~INC.~~ OF NAPLES, Inc.**

FILED  
STATE  
SECRETARY  
TALLAHASSEE, FLORIDA  
03 AUG 11 PM 4:05

KNOW ALL MEN BY THESE PRESENTS:

That I, MICHAEL COPELAND, the undersigned, have this day voluntarily associated myself for the purpose of forming a corporation under the laws of the State of Florida, and to that end do hereby adopt Articles of Incorporation as follows:

**ARTICLE I**

The name of the proposed corporation is TEAKWOOD, ~~INC.~~ OF NAPLES, Inc.

**ARTICLE II**

The corporation may engage in any activity or business permitted under the laws of the United States and under the laws of the State of Florida.

**ARTICLE III**

The type, amount and value of the capital stock of this corporation is: 1,000 shares at a par value of \$1.00.

**ARTICLE IV**

The corporation shall have perpetual existence.

**ARTICLE V**

The post office address of the principal office of the corporation is: 1673 Pine Ridge Road, Naples, Florida 34109.

## ARTICLE VI

The number of directors of the corporation shall not be less than one (1).

## ARTICLE VII

The names of the first officers are:

MICHAEL COPELAND	President	Whose address is: 1673 Pine Ridge Road Naples, Florida 34109
------------------	-----------	--

NORMAN GREGORY DAVENPORT	Secretary	Whose address is: 613 Corbel Drive Naples, Florida 34110
-----------------------------	-----------	--

KRISTI COPELAND	Treasurer	Whose address is: 1673 Pine Ridge Road Naples, Florida 34109
-----------------	-----------	--

## ARTICLE VIII

The name of the first director is:

KRISTI COPELAND	Whose address is: 1673 Pine Ridge Road Naples, Florida 34109
-----------------	--

## ARTICLE IX

The undersigned being the original subscriber to the capital stock hereinbefore named, for the purpose of forming a corporation, to do business within and without the State of Florida, and pursuant to the laws of the State of Florida, does make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, and do respectfully agree to take the number of shares hereinbefore set forth, and accordingly has hereunder set her hand and seal, this 27<sup>th</sup> day of June, 2003.

Adrianne M. Tranchand  
Witness #1

MICHAEL COPELAND  
1673 Pine Ridge Road  
Naples, Florida 3410

Adrianne M. Tranchand  
Printed Name of Witness #1

Kathie E. Resop  
Witness #2

KATHIE E. RESOP  
Printed Name of Witness #2

STATE OF FLORIDA  
COUNTY OF COLLIER

I HEREBY CERTIFY that on this day before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared the foregoing subscriber, MICHAEL COPELAND, who is [ ] personally known to me or who [ ] produced a Florida Drivers License as identification, and upon being duly sworn, stated that she signed and executed the foregoing Articles of Incorporation for the uses and purposes therein set forth.

WITNESS my hand and official seal in the State and County aforesaid this 2<sup>nd</sup> day of June, 2003.

Adrianne M. Tranchand  
Notary Public

Adrianne M. Tranchand  
Printed Name of Notary  
My Commission Expires:



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON  
WHOM PROCESS MAY BE SERVED**

Pursuant to Chapter 48.092, Florida Statutes, the following is submitted in compliance with said Act:

FIRST: That, TEAKWOOD <sup>OF Naples, Inc.</sup> ~~INC.~~, desiring to organize under the laws of the State of Florida with its temporary principal office as indicated in the Articles of Incorporation at the City of Naples, County of Collier, State of Florida, has named MICHAEL COPELAND as its agent to accept service of process within this State.

**ACKNOWLEDGMENTS:**

Having been named to accept service of process for the above stated corporation, at 1673 Pine Ridge Road, Naples, Florida 34109, I, MICHAEL COPELAND, hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

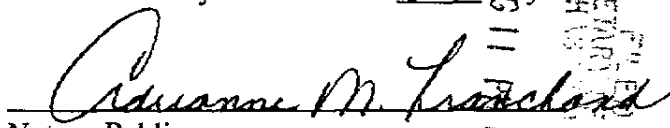
Dated: June, 27<sup>th</sup>, 2003.

  
MICHAEL COPELAND

STATE OF FLORIDA  
COUNTY OF COLLIER

I HEREBY CERTIFY that on this day before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared the foregoing subscriber, MICHAEL COPELAND, who is ☒ personally known to me or who ☐ produced a Florida Drivers License as identification, and upon being duly sworn, stated that she signed and executed the foregoing for the uses and purposes therein set forth.

WITNESS my hand and official seal in the State and County aforesaid this 27<sup>th</sup> day of June, 2003.

  
Notary Public  
Printed Name of Notary:  
My Commission Expires:

