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To:

Division of Corporations

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Account Name : HUBCO

Account Number : 104562003400

Phone : (516)935-3940 Fax Number : (516)935-3088

FLORIDA PROFIT CORPORATION OR P.A.

1st Professional Title of Naples, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menus

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

1st Professional Title of Naples, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1st Professional Title of Naples, Inc.

2600 14th Street North Naples, FL 34103

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS. The name and address of the initial registered agent is:

Sharon H. Billings 2600 14th Street North Naples, FL 34103

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-9940

FILED 04 AFR 25 M 9

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Sharon H. Billings-President 2600 14th Street North Naples, FL 34103

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Sharon H. Billings 2600 14th Street North Naples, FL 34103

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23rd	_day of	April	_ 2004.						
A Company									
Sharon H	Rillinge - !	Signature		/	energy of	* 5 · · · · · · · · · ·	æ	 ٠	•

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	1st Professional Title of Naples Inc.	
2. The name and address of the register	red agent and office is:	
	Sharon H. Billings	a se
	Name	
	2600 14th Street North	-
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Naples, FL 34103 (City/State/Zip)	

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

April 23, 2004_

(Date)

SIGNATURE

Sharon H. Billings