

P05000058105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

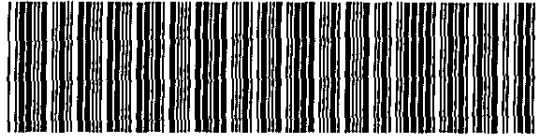
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/15/05 -01:22- 002 **70.00

RECEIVED
AND
FILED
05 APR 15 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V/

CB 4.20

TRANSMITTAL LETTER

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

SUBJECT: OLD NAPLES TITLE, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Tamara Lynne Nicola

Name (Printed or typed)

850 Central Avenue, Suite 205

Address

Naples, FL 34102

City, State & Zip

239-261-6909

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)

APPROVED
AND
FILED
05 APR 15 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

OLD NAPLES TITLE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

850 CENTRAL AVENUE, SUITE 205, NAPLES, FL 34102

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDING TITLE INSURANCE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

TAMARA LYNNE NICOLA (O)
850 CENTRAL AVENUE
SUITE 205
NAPLES, FL 34102

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

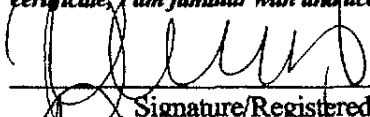
TAMARA LYNNE NICOLA
850 CENTRAL AVENUE
SUITE 205
NAPLES, FL 34102

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TAMARA LYNNE NICOLA
850 CENTRAL AVENUE
SUITE 205
NAPLES, FL 34102


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



Signature/Registered Agent

4/13/05

Date



Signature/Incorporator

4/13/05

Date