

P05000108159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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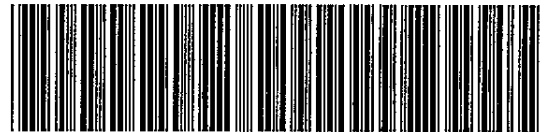
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CB 11/23

TRANSMITTAL LETTER

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

SUBJECT: FORT MYERS PROFESSIONAL SERVICES

(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: JONATHAN TOLENTINO PA

Name (Printed or typed)

501 GOODLETTE RD NORTH SUITE D-100

Address

NAPLES FL 34102

City, State & Zip

239-793-7788

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 26, 2005

JONATHAN TOLENTINO PA
501 GOODLETTE RD N STE D-100
NAPLES, FL 34102

SUBJECT: FORT MYERS PROFESSIONAL SERVICES
Ref. Number: W05000035483

We have received your document for FORT MYERS PROFESSIONAL SERVICES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6925.

Cynthia Blalock
Document Specialist
New Filings Section

Letter Number: 305A00048679

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

FORT MYERS PROFESSIONAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

121 TRUMAN AVE. LEHIGH ACRES FL 33972

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

300

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

JONNY RODRIGUEZ 121 TRUMAN AVE LEHIGH ACRES FL 33972

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


JONNY RODRIGUEZ 121 TRUMAN AVE LEHIGH ACRES FL 33972

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

7-10-05
Date



Signature/Incorporator

7-10-05
Date

FILED

05 AUG -3 PM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA