## 05000155147

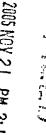
| (Re                                     | questor's Name)        | · <u> </u> |  |  |
|---|------------------------|------------|--|--|
| (Ad                                     | dress)                 |            |  |  |
| (Ad                                     | dress)                 |            |  |  |
| (Cit                                    | ty/State/Zip/Phon      | e #)       |  |  |
| PICK-UP                                 | ☐ WAIT                 | MAIL       |  |  |
| (Business Entity Name)                  |                        |            |  |  |
| (Document Number)                       |                        |            |  |  |
| Certified Copies                        | Certificates of Status |            |  |  |
| Special Instructions to Filing Officer: |                        |            |  |  |
|   |                        |            |  |  |
|   |                        |            |  |  |
|   |                        |            |  |  |

Office Use Only



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## **COVER LETTER**

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

| <sub>suвјест:</sub> Nap | les Volleybail Associ  | ation, Inc.                        |  |
|-------------------------|--|------------------------------------|--|
|                         | (PROPOSED CORPORA  | TE NAME – <u>MUST INCL</u>         | UDE SUFFIX)  |
|                         |  |                                    |  |
| Enclosed are an orig    | inal and one (1) copy of the artic   | cles of incorporation and          | a check for:   |
| S70.00 Filing Fee       | <ul><li>✓ \$78.75</li><li>Filing Fee</li><li>&amp; Certificate of Status</li></ul> | S78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
|                         |  | ADDITIONAL CO                      |  |
| FROM: Ke                | eith A. Edwards<br>Name  | (Printed or typed)                 |  |
|                         | Box 12251  | Address                            |  |
|                         | Maples Fil   | 3410)<br>State & Zip               | <del></del>  |
|                         | Daytime To   | elephone number                    |  |

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

## SECRETARY OF GIATE TALLAHASSEE, FLORIDA Naples Volleyball Association, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Box 12254 Naples, 4 34101 ARTICLE III PURPOSE The purpose for which the corporation is organized is: the transaction of any and all lawful business ARTICLE IV SHARES The number of shares of stock is: 500 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Keith A. Edwards, President and Secretary REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Keith A. Edwards 1585 Airway DR Naples. He ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Keith A. Edwards 1585 Airway DR Naples, 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

- (1 (-1)

2005 NOV 21 PM 3: 49

ARTICLES OF INCORPORATION

NAME

The name of the corporation shall be:

ARTICLE I

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