

PO 700009466S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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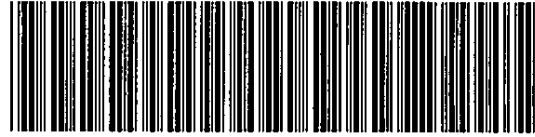
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Per*

## COVER LETTER

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

SUBJECT: Shop Naples, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Shirley L. Calhoun

Name (Printed or typed)

3625 Tamiami Trail North

Address

Naples, FL 34103

City, State & Zip

(239) 435-9410

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)

## ARTICLE I NAME

The name of the corporation shall be:

Shop Naples, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3625 Tamiami Trail North, Naples, FL 34103

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Publish Shopper Magazine

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Shirley L. Calhoun - President

Christopher S. Calhoun - VP

James J. Calhoun - S T

## ARTICLE VI REGISTERED AGENT

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

Shirley L. Calhoun

3625 Tamiami Trail North

Naples, FL 34103

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shirley L. Calhoun

3625 Tamiami Trail North

Naples, FL 34103

\*\*\*\*\*

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

Shirley L. Calhoun  
Signature/Registered Agent  
Shirley L. Calhoun  
Signature/Incorporator

8/17/07  
Date  
8/17/07  
Date

FILED  
07 AUG 22 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA