

PO8000090282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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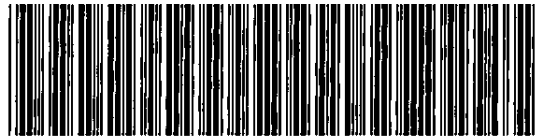
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: Naked Optics Corporation
(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: Basilio Nesti
Name (Printed or typed)

1090 Delacroix Circle
Address

Nokomis, FL 34275
City, State & Zip

908.625.3590
Daytime Telephone number

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

Naked Optics

Naked Optics Corporation

1090 Delacroix Circle, Nokomis, FL 34275

908-685-0352 (phone) · 908-325-0250 (fax)

www.nakedoptics.com

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 Naked Optics Corporation.

ARTICLE II: PRINCIPAL OFFICE

The principal street AND mailing address:

1090 Delacroix Circle

Nokomis, FL 34275

ARTICLE III: PURPOSE

The purpose for which the corporation is organized is for-profit sales & distribution of glass and raw materials to the precision optics manufacturing industry in North America.

ARTICLE IV: SHARES

The number of shares of stock is 100.

ARTICLE V: INITIAL OFFICERS

Basilio Nesti, President and CEO

1090 Delacroix Circle

Nokomis, FL 34275

ARTICLE VI: REGISTERED AGENT

The name and FL street address of the registered agent is:

Buzz Nesti

1090 Delacroix Circle

Nokomis, FL 34275

ARTICLE VII: INCORPORATOR

The name and address of the incorporator is:

Basilio Nesti


1090 Delacroix Circle

Nokomis, FL 34275

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 to act in this capacity


Signature – Registered Agent

9/23/08
Date


Signature – Incorporator

9/23/08
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA