

PD9000002516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
1/13/09

## COVER LETTER

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

SUBJECT: Naples Tax Accounting, 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: Brian Martin  
Name (Printed or typed)

5051 Castello Dr #14  
Address

Naples, FL 34103  
City, State & Zip

239-285-7417  
Daytime Telephone number

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

I Brian Martin release the name Naples Tax Accounting, Inc. to be used.

*Brian Martin*

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**ARTICLE I - NAME**

The name of the corporation shall be:

*NAPLES TAX ACCOUNTING, INC.*

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**ARTICLE II - PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

*5051 CASTELLO DRIVE #14  
NAPLES, FL 34103*

**ARTICLE III - PURPOSE**

The purpose for which the corporation is organized is:

*"Any and all lawful business"*

**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 titles(s)

*BRIAN MARTIN - PRESIDENT  
5051 CASTELLO DRIVE #14  
NAPLES, FL 34103*

**ARTICLE VII - REGISTERED AGENT**

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

*BRIAN MARTIN  
5051 CASTELLO DRIVE #14  
NAPLES, FL 34103*

**ARTICLE VIII - INCORPORATOR**

The name and address of the Incorporator is:

*BRIAN MARTIN*  
*5051 CASTELLO DRIVE #14*  
*NAPLES, FL 34103*

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TALLAHASSEE, FLORIDA

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.

*Brian Martin*

Signature/Registered Agent

*1-6-09*

Date

*Brian Martin*

Signature/Incorporator

*1-6-09*

Date