

PO900001/1996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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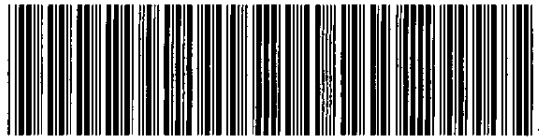
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB -6 PM 3:10

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MRS 2/6

COVER LETTER

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

SUBJECT: M. DEPAOLA, 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:

M. DEPAOLA, INC

Name (Printed or typed)

1058 JARDIN DRIVE

Address

NAPLES FL 34104

City, State & Zip

239-285-2038

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:

M. DEPAOLA, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1058 JARDIN DRIVE
NAPLES, FL 34104

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE SALES, LEASING, MANAGEMENT.

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):

MICHAEL DEPAOLA - President, Secretary, Treasurer
1058 JARDIN DRIVE
NAPLES, FL. 34104

ARTICLE VI REGISTERED AGENT

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


MICHAEL DE PAOLA
1058 JARDIN DRIVE
NAPLES, FL 34104

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WM. M. MCCRONE
101 SHARWOOD DRIVE
NAPLES, FL 34110

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

x 

Signature/Registered Agent

Wm. M. McCrone

Signature/Incorporator

x 2/3/09
Date

2/4/09
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA