

PO9000021974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

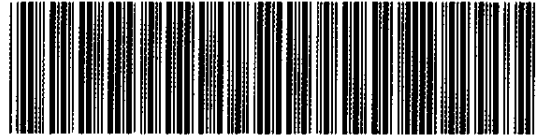
(Business Entity Name)

(Document Number)

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

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## TRANSMITTAL LETTER

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

**SUBJECT:** SOUTH FLORIDA IMPORTS, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** ROBERT F. FITZGERALD, JR.

Name (Printed or typed)

1330 CHARLESTON SQ DR #202

Address

NAPLES, FL 34110

City, State & Zip

239-598-5779

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:

SOUTH FLORIDA IMPORTS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1330 CHARLESTON SQ DR #202, NAPLES, FL 34110

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY LEGAL BUSINESS PURPOSES

**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):

ROBERT FITZGERALD JR - PRESIDENT  
1330 CHARLESTON SQ DR #202, NAPLES, FL 34110

LITA FITZGERALD - VP  
1330 CHARLESTON SQ DR #202, NAPLES, FL 34110

**ARTICLE VI REGISTERED AGENT**

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

ROBERT FITZGERALD JR  
1330 CHARLESTON SQ DR #202, NAPLES, FL 34110

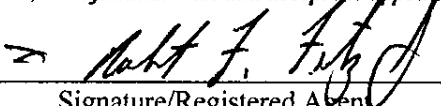
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


ROBERT FITZGERALD JR  
1330 CHARLESTON SQ DR #202, 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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date