

P09000062122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200157823682

07/06/09--01026--019 \*\*78.75

FILED

2009 JUL 21 P 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~60-28-1~~  
7-22-09  
W-3-9102



RECEIVED  
DEPARTMENT OF STATE

09 JUL 20 PM 12: 56

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 7, 2009

MICHAEL COPE  
3380 21ST AVE. SW  
MAPLES, FL 34117

SUBJECT: NAPLES USED FURNITURE, INC.  
Ref. Number: W09000031262

We have received your document for NAPLES USED FURNITURE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham  
Regulatory Specialist II  
New Filing Section

Letter Number: 709A00023223

## COVER LETTER

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

SUBJECT: NAPLES USED FURNITURE, 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: MICHAEL COPE  
Name (Printed or typed)

3380 21ST AVE SW  
Address

NAPLES, FLORIDA 34117  
City, State & Zip

239-682-7587  
Daytime Telephone number

MJCACS@MSN.COM  
E-mail address: (to be used for future annual report notification)

**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 **NAPLES USED FURNITURE, INC.**

## ARTICLE II PRINCIPAL OFFICE

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

3380 21ST AVE S W  
NAPLES, FL. 34117

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUY AND SELL USED FURNITURE

## 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):

MICHAEL COPE	3380 21ST AVE SW, NAPLES FL	PRESIDENT
MARPHA COPE	3380 21ST AVE SW, NAPLES FL	V. PRESIDENT
MACHELE COPE	3380 21ST AVE SW, NAPLES FL	TREASURER

## ARTICLE VI REGISTERED AGENT

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

MICHAEL COPE 3380 21ST AVE SW, NAPLES FL.

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL COPE 3380 21ST AVE SW NAPLES FL 34117

\*\*\*\*\*  
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

*Michael Cope*

Signature/Registered Agent MICHAEL COPE

*6/23/2009*

Date

*Michael Cope*

Signature/Incorporator

MICHAEL COPE

*7/13/2009*

Date

FILED  
2009 JUL 21 P 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA