

P 10000043924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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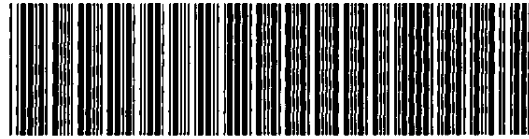
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV 16 PM 1:55

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J. Shivers NOV 17 2010

COVER LETTER

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

SUBJECT: Naples Motorcycle Rental 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: Daniel A Smith

Name (Printed or typed)

6329 Naples Blvd

Address

Naples, Florida 34109

City, State & Zip

239-272-2342

Daytime Telephone number

daniel8451@yahoo.com

E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Motorcycle Rental Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
6329 Naples Blvd
Naples, Florida 34104

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Rental of Motorcycles, Scooters and Watercraft.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Michael Shrigley</u>	Name and Title: _____
Address: <u>6530 Highcroft Drive</u>	Address: _____
<u>Naples, Florida 34119</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

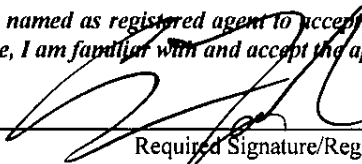
Name: Sean P Zola
Address: 6329 Naples Blvd
Naples, Florida 34109

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel A Smith
Address: 6329 Naples Blvd
Naples, Florida 34109

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 ~~in favor of~~ and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/1/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

11/1/2010

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA