

P11000107121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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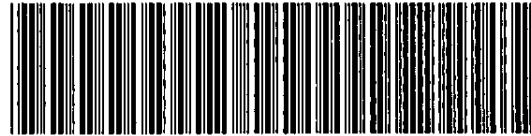
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/19/11--01009--005 **70.00

FILED
11 DEC 19 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 12/20/11

COVER LETTER

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

SUBJECT: GULF COAST TRAVEL of Naples, 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: Joel T. Johnson, Jr.

Name (Printed or typed)

510 Terminal Drive

Address

Naples, Florida 34104

City, State & Zip

239-643-2500

Daytime Telephone number

joeljjj02@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

GULF COAST TRAVEL, of Naples, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
510 Terminal Drive
Naples, Florida 34104

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose or purposes for which the corporation is organized are to engage in any activity or business permitted under the laws of the United States and the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joel T. Johnson, Jr. President
Address: 510 Terminal Drive
Naples, Florida 34104

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Joel T. Johnson, Jr.
Address: 510 Terminal Drive
Naples, Florida 34104

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joel T. Johnson, Jr.
Address: 510 Terminal Drive
Naples, Florida 34104

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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


Required Signature/Registered Agent

12-12-2011

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

12-12-2011

Date