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| (Requestor's Name) | |
|---|----------|
| | |
| (Address) | |
| | |
| (Address) | |
| (City/State/Zip/Phone # | <u> </u> |
| (Orty/State/Zip/Filotie # | " |
| PICK-UP WAIT | MAIL |
| ٠. | • |
| (Business Entity Name |) |
| · | |
| (Document Number) | |
| | |
| Certified Copies Certificates o | f Status |
| | |
| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE

BOUND MAY 3 0 2012

COVER LETTER

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

| | N) ASSOCIATES IN |
|--|--|
| (PROPOSED COR | PORATE NAME – <u>MUST INCLUDE SUFFIX</u>) |
| Enclosed are an original and one (1) copy of the | he articles of incorporation and a check for: |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED |
| | ADDITIONAL COLL REQUIRED |
| FROM: CRAIS E | Name (Printed or typed) |
| | AKE JRIVE Address |
| NAPLES, F | LORIDA 34110 |
| 239-4 | City, State & Zip 50 - 1409 |
| Davi | ime Telephone number |

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

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) zand associates ARTICLE I The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO CONPUCT ALL LAWFUL ACTIVITIES 5000 SHARES NO PAR COMMON ARTICLE IV SHARES The number of shares of stock is: ARTICLE V ame and Title: Address: Address: Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address: REGISTERED AGENT ARTICLE VI The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporate Name: Address: Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. Tum familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent 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.

equifed Signature/Incorporator