

PI3000053371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

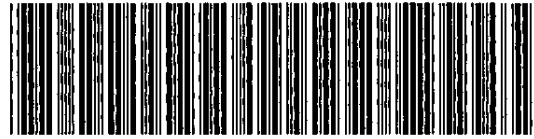
(Business Entity Name)

(Document Number)

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

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06/19/13--01028--002 \*\*70.00

FILED  
13 JUN 19 AM 11:48  
CORPORATION STATE  
TALLAHASSEE, FLORIDA

WTD 6/20

**COVER LETTER**

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

**SUBJECT: BARBARA A FEENEY, P.A.**  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: BARBARA A FEENEY**  
Name (Printed or typed)

**PO BOX 771422**  
Address

**NAPLES, FL. 34108**  
City, State & Zip

**239-821-9146**  
Daytime Telephone number

**barbara@aqua-naples.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: BARBARA A FEENEY, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2185 Arielle Dr.

Naples, Ft. 34109

Mailing address, if different is:

PO BOX 771422

NAPLES, FL. 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REALTOR

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ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARBARA A FEENEY, PRES Name and Title:

Address: 2185 ARIELLE DR Address:

NAPLES, FL. 34109

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: BARBARA A FEENEY  
 Address: 2185 ARIELLE DR.  
NAPLES, FL. 34109

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BARBARA A FEENEY  
 Address: 2185 ARIELLE DR.  
NAPLES, FL. 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 familiar with and accept the appointment as registered agent and agree to act in this capacity*

Barbara A. Feeney  
 Required Signature/Registered Agent

6-17-2013  
 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.*

Barbara A. Feeney  
 Required Signature/Incorporator

6-17-2013  
 Date