P13000059696

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(0.1), 0.110.2.1,				
PICK-UP WAIT MAIL				
·				
(Business Entity Name)				
(Dusilless Effuty Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
, , , , , , , , , , , , , , , , , , , ,				

Office Use Only



700248489817

೧೪.**/१** 07/01/13--01024--023 **3⊊.≰0

13 JUL -1 PH 4: 56
MINANT OF STATE
ALL ARASSEE, LORDA

See POT - 34309 changed nam on 07/01/13 (07/09/13)

COVER LETTER

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

_{subject:} A	ccurate Site Develo	opment, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:	ı	
☐ \$70.6 Filing F		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of		
		ADDITIONAL CO	Status OPY REQUIRED		
		<u> </u>	E) ご	
		_		13 JUL	
FROM	Louis S. Erickson,			1	HILLU
	Namo	e (Printed or typed)	Fig	T	I U
	11725 Collier Blvd	. Ste: F	프로 유민	PH 4: 56	
-		Address		56	
	Naples, FL 34116	;			
	City,	State & Zip			
	239-353-1800				
	Daytime T	elephone number			
	paradisepointe4@ao	.com 🗸	notification)		

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



July 8, 2013

LOUIS S. ERICKSON, ESQ. 11725 COLLIER BLVD., STE F NAPLES, FL 34116

SUBJECT: ACCURATE SITE DEVELOPMENT, INC.

Ref. Number: W13000038465

We have received your document for ACCURATE SITE DEVELOPMENT, 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):

This corporation is already on file in our office. If you are wishing to change the officer/director's titles you can file either an amended annual report or file articles of amendment.

Please return 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) 245-6052.

Letter Number: 913A00016622

Diane Cushing Regulatory Specialist II Supervisor

www.sunbiz.org

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NA The name of the corpor	me Accurate Site Devation shall be:	elopment,	Inc.
	INCIPAL OFFICE Principal street address Woods Dr.		Mailing address, if different is:
ARTICLE III PUT The purpose for which This corporation	RPOSE the corporation is organized is: All actives the shall be managed by the Sha	vities allow	red by law.
			710 3
ARTICLE IV SH	ARES f stock is: 100		-1 PM 4: 56 AND OF STATE ASSEE, FLORIDA
	ttial officers and/or director le: Jerome Guidish, P T		Anne Guidish, VP S
Address	5181 Hickory Woods Dr. Naples, FL 34119	_ Address:	5181 Hickory Woods Dr. Naples, FL 34119
Name and Title	B:	_ Name and Title	
Address		_ Address:	
Name and Title	e;	Name and Title	:
Address		_ Address:	

Name and Title:		Name and Title:		
Address		_ Address:		
		-		
ARTICLE VI	REGISTERED AGENT	Fall of the last		
Name:	lorida street address (P.O. Box NOT acceptable) o Jerome Guidish	r the registered agent is:		
Address:	5181 Hickory Woods Dr.	-		
	Naples, FI 34119	· 三二		
ARTICLE VII	INCORPORATOR	JE -		
The name and a	ddress of the Incorporator is:	RED PE		
Name:	Jerome Guidish			
Address:	5181 Hickory Woods Dr.	0800 : 56		
	Naples, FL 34119	ን*` -		
Having been nan this certificate, I	am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in existered agent and agree to act in this capacity		
	Required Signature/Registered Agent	Date		
I submit this document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.		
	Required Signature/Incorporator	5.21-13 Date		
C		• • • • • • •		