

P13000077473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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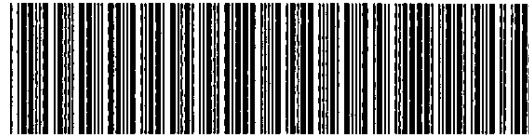
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 SEP 16 PM 4:23

114

COVER LETTER

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

SUBJECT: **Coastal Angler Magazine 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: **Michael F. Weber**

Name (Printed or typed)

4801 Bonita Bay Blvd Unit 404

Address

Bonita Springs, FL 34134

City, State & Zip

239-676-8223

Daytime Telephone number

mike.weber28@gmail.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)

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SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE I NAME

The name of the corporation shall be: Coastal Angler Magazine Naples, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4801 Bonita Bay Blvd Unit 404

Bonita Springs, FL 34134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful purpose or purposes

ARTICLE IV SHARES

The number of shares of stock is: 1,000 voting common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED (cont.)
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 SEP 16 PM 4:23

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:

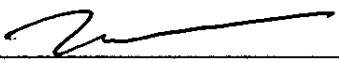
Name: Michael F. Weber
Address: 4801 Bonita Bay Blvd Unit 404
Bonita Springs, FL 34134

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michael F. Weber
Address: 4801 Bonita Bay Blvd Unit 404
Bonita Springs, FL 34134

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

9-12-2013
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.


Required Signature/Incorporator

9-12-2013
Date