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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECULTABLY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

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

SUBJECT:	Alno	Naples, INC (PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are	an origi	nal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
☐ \$7 Filing		□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
			ADDITIONAL CO	AL COPY REQUIRED	
FRO	_{м:} М	artha Spokish			
,		Nam	ne (Printed or typed)		

Name (Printed or typed)

4444 Tamiami Trail North, Suite 5

Address

Naples FL 34103

City, State & Zip

239-300-9712

Daytime Telephone number

martha@alnonaples.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 NAM The name of the corporat	E Alno Naples, Inc		FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS
ARTICLE II PRI	CIPAL OFFICE		•
	Principal street address		Mailing address, if different is:3: 25
4444 Tamiami	Trail North		
Suite 5			
Naples FL 341	103		
The purpose for which the	POSE ne corporation is organized is: Any an	d All Lawf	ul Business
	RES 100 TAL OFFICERS AND/OR DIRECTORS Martha Spokish /President 2601 68Th Street SW Naples FL 34105		Russell Spokish/ VP 2601 68Th Street SW Naples FL 34105
Address		Address:	.,
Name and Title:		Name and Title:	
Address		Address:	

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Martha Spokish	_	
Address:	2601 68Th ST SW	_	
	Naples FL 34105	-	
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Martha Spokish		
Address:	2601 68Th ST SW	_	
	Naples FL 34105	_	
	med as registered agent to accept service of proce		
this certificate, I	am familiar with and accept the appointment as r	egistered agent and agree to t	Sept 18/2013
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo		
Ma	Hha Syphistic Required Signature/Incorporator		Sept 18/2013 Date
	required signature most portator		
			FILED OF GOR
			PH ORP
			ED ORPORATIO PH 3: 25
			FILED TARY OF STATE OF STATE OF STATE SERVICES
			Ψ.