## P14000015083

(Re	equestor's Name)			
(Address)				
(Ad	dress)	·		
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
5				

Office Use Only



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SECRETARY OF STATE DIVISION OF CORFORATIONS

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## **COVER LETTER**

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

	(PROPUSED CORPORA	TIE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REOUIRED

FROM	SJ COOPER & ASSOCIATES INC.
	Name (Printed or typed)
	4001 SANTA BARBARA BLVD # 366
	Address
	NAPLES, FL 34104
	City, State & Zip
	239-398-3637
	Daytime Telephone number
	steven@sicfinance.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)

Principal office Principal street address  2625 3RD STREET		Mailing address, if diff				IR
MYERS,	FL 33905	NAPL	ES, FL	3412	20	
ICLE III PUR purpose for which t	POSE ne corporation is organized is:	troction	CORPOR	ATION		
					14 FEB	CIVION
					PH =	(
TICLE IV SHA	RES 100				<u> </u>	l
ICLE V INT	<u>TAL OFFICERS AND/OR DIRECTORS</u> NATHAN WESTMILLER,PRESIDENT	Name and Title:_			10	i
ICLE V INI'	<u>'IAL OFFICERS AND/OR DIRECTOR:</u> NATHAN WESTMILLER PRESIDENT				10	i
Name and Title Address	NATHAN WESTMILLER, PRESIDENT	Name and Title:_ Address:		· · · -		
Name and Title Address	NATHAN WESTMILLER, PRESIDENT 12625 3RD STREET FT MYERS, FL 33905	Name and Title:			0	
Name and Title Address  Name and Title: Address	NATHAN WESTMILLER, PRESIDENT  12625 3RD STREET  FT MYERS, FL 33905	Name and Title:  Address:  Name and Title:  Address:				

Name and	1 Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	STEVEN COOPER	
Address:	4001 SANTA BARBARA BLVD # 366	
	NAPLES FL 34104	
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	STEVEN COOPER	
Address:	4001 SANTA BARBARA BLVD # 366	
	NAPLES, FL 34104	
	ned as registered agent to accept service of process im familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	and appear	2/10/2014
	Required Signature/Registered Agent	Date
I submit this doc document to the I	ument 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 sy as provided for in s.817.155, F.S.
Jo.	- Cepul	2/10/2014
	Required Signature/Incorporator	Date
	V	

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