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DIVISION OF CORPORAGIONS
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## **COVER LETTER**

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

SUBJECT: VINCENT BANDE	ELIER, P.A.
(PROPOSED CORP	ORATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the	ne articles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50  Filing Fee Filing Fee,  & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
	DELIER Name (Printed or typed) RD N SUITE A
JIIJ AIN ON	Address
NAPLES, FL 34	
	City, State & Zip
239-450-5976	
•	ime Telephone number
VBANDELIER@A	OL.COM  De 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)

•	ME Ation shall be: VINCENT BANDE  INCIPAL OFFICE				
IICLE II PR	Principal street address	Mailing	g address, if diff	ferent is:	
75 AIRPOF	RT RD N SUITE A	PO BOX	<del></del>		
APLES, FL		NAPLES,		)6	
,					
TICLE III PUR purpose for which	PPOSE the corporation is organized is:	NDUCT REAL	ESTATE	SER	VICE
		44		7	SE
		1		***	CRE I
		·		ယ 	000 11.E
					Seco
				<u> </u>	35
TICLE IV SH. number of shares o	ARES 1000	·		03	SWEETS
TICLE V IN	TIAL OFFICERS AND/OR DIRECTOR				TATE RATERS
TICLE V INI		Name and Title:			SWEET
TICLE V IN	TIAL OFFICERS AND/OR DIRECTOR e:VINCENT BANDELIER P,VP,S,T				TATE
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR e: PO BOX 1092	Name and Title:		<b>C</b> 3	TATE
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR e: VINCENT BANDELIER P,VP,S,T PO BOX 1092 NAPLES, FL 34106	Name and Title:  Address:  Name and Title:		23	
Name and Title  Name and Title	TIAL OFFICERS AND/OR DIRECTOR  E. VINCENT BANDELIER P,VP,S,T  PO BOX 1092  NAPLES, FL 34106	Name and Title:  Address:  Name and Title:  Address:		2	
Name and Title Address  Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR e: VINCENT BANDELIER P,VP,S,T PO BOX 1092 NAPLES, FL 34106	Name and Title: Address:  Name and Title: Address:		2	

Name and	d Title:	Name and Title:
Address		Address:
The name and Fl	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	VINCENT BANDELIER	the togistered agent is:
Address:	3775 AIRPORT RD N SUITE A	•
	NAPLES, FL 34105	<u>-</u>
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	VINCENT BANDELIER	<del>-</del>
Address:	PO BOX 1092	_
	NAPLES, FL 34109	-
	um familiar with and accept the appointment as reg	
1	Required Signature/Registered Agent	3-11-14
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felong	true. I am aware that the false information submitted in y as provided for in s.817.155, F.S.
47	Required Signature/Incorporator	3-11-14
	C Chaquined Signature mediportator	is need