

P14000046554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

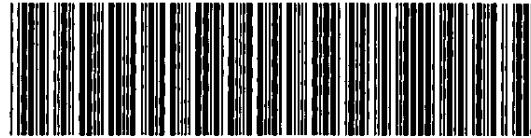
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100260565481

05/27/14--01023--015 **78.75

FILED
MAY 27 PM 1:26
TALLAHASSEE, FLORIDA

[Signature] 05/29/14

EFFECTIVE DATE 05/31/14

COVER LETTER

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

SUBJECT: Naples Business Coaching and Consulting, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Daniel A. Smith
Name (Printed or typed)
2249 River Reach Drive
Address
Naples, Florida 34104
City, State & Zip
239-272-2342
Daytime Telephone number
susan.bagyura@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)

ARTICLE I NAME

The name of the corporation shall be: Naples Business Coaching and Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9221 Museo Circle, Apt 203

Naples, Florida 34114

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawful activities and services of a Business Coaching and Consulting company.

Beginning date of incorporation is May 31, 2014

ARTICLE IV SHARES

The number of shares of stock is:

200 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan Bagyura - President

Name and Title: _____

Address 9221 Museo Circle, Apt 203

Address: _____

Naples, Florida 34114

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

EFFECTIVE DATE 05/31/14

FILED
14 MAY 27 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

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: Susan Bagyura
Address: 9221 Museo Circle, Apt 203
Naples, Florida 34114

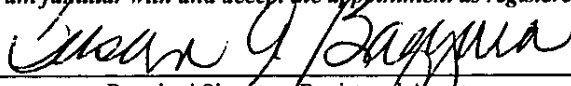
FILED
14 MAY 27 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel A. Smith
Address: 2249 River Reach Drive
Naples, Florida 34104

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

5/21/14
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

5-20-14
Date

EFFECTIVE DATE 05/31/14