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DIVISION OF CORPORATIONS  
14 JUN 19 AM 9:22

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## COVER LETTER

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

SUBJECT: CASTILLA PROPERTY MANAGEMENT, 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: JUAN CARLOS CASTILLA  
Name (Printed or typed)  
2900 HORSESHOE DR. S. # 1100  
Address  
NAPLES, FL 34104  
City, State & Zip  
(239) 300-1660  
Daytime Telephone number  
JCCASTILLAB@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: CASTILLA PROPERTY MANAGEMENT, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2900 HORSESHOE DR. S #1100

NAPLES, FL 34104

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PROPERTY MANAGEMENT.

**ARTICLE IV SHARES**

The number of shares of stock is: N/A

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JUAN C. CASTILLA / PRESIDENT Name and Title: \_\_\_\_\_

Address: 2900 HORSESHOE DR S. #1100 Address: \_\_\_\_\_

NAPLES, FL 34104

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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(conti.)

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: JUAN CARLOS CASTILLA  
Address: 2900 HORSESHOE DR. S. #1100  
NAPLES, FL 34104

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JUAN CARLOS CASTILLA  
Address: 2900 HORSESHOE DR. S. #1100  
NAPLES, FL 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 6/13/14  
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 6/13/14  
Date