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## **COVER LETTER**

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

SUBJECT: PBF	R Naples Manag	ement, Inc.	
	(PROPOSED CORPOR	ATÉ NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d 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 CO	PY REQUIRED
		e (Printed or typed)	
12	275 Barclay Blvd		
		Address	
В	uffalo Grove, IL (		
3.23.3	•	State & Zip	
87	77-894-0073		
	Daytime T	elephone number	
kir	sten.kappus@s	ta-is.com	
	E-mail address: (to be use	d 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)

	PBR Naples Ma		
Principal of address  Principal street address			Mailing address, if different is:
35 Arnold Ave	enue		
aples, FL 3410	)4	<del></del>	
FICLE III PURPOSE	to act	as a mar	nagement company
purpose for which the corpe	ration is organized is.		
		·	<del></del>
No. 5 W. Co. 15 Co.			
TICLE IV SHARES	1000		
TICLE IV SHARES number of shares of stock is:	1000		
YCLE V INITIAL O	FICERS AND/OR DIRECTOR	 R <u>S</u>	Phillip Doll/Directo
TICLE V INITIAL OF Name and Title: Rok	FICERS AND/OR DIRECTOR Dert Doll/Director	<b>LS</b> Name and Title	
Name and Title:  Address  Name Stock is:  Address	FICERS AND/OR DIRECTOR Dert Doll/Director 5 Arnold Avenue	_	Phillip Doll/Directo 3535 Arnold Avenue
Name and Title:  Address  Name Stock is:  Address	FICERS AND/OR DIRECTOR Dert Doll/Director	Name and Title.	' <del></del>
Name and Title:  Address  Name	pert Doll/Director 5 Arnold Avenue 6 Arnold Servenue 6 Server 194104	Name and Title.	3535 Arnold Avenue
Name and Title:  Address  Name	FICERS AND/OR DIRECTOR Dert Doll/Director 5 Arnold Avenue	Name and Title: Address:	3535 Arnold Avenue Naples, FL 34104
Name and Title: Rick Name and Title: Rick	pert Doll/Director 5 Arnold Avenue 6 Arnold Servenue 6 Server 194104	Name and Title: Address:	3535 Arnold Avenue
Name and Title:  Name and Title:  Name and Title:  Name and Title:  Address  Address  Address	pert Doll/Director S Arnold Avenue les, FL 34104 Sy Smith/Director	Name and Title: Address:  Name and Title:	3535 Arnold Avenue Naples, FL 34104
Name and Title:  Name and Title:  Name and Title:  Name and Title:  Address  Address  Address	pert Doll/Director S Arnold Avenue Des, FL 34104 Sy Smith/Director Arnold Avenue Dies, FL 34104	Name and Title: Address:  Name and Title:	3535 Arnold Avenue Naples, FL 34104
Name and Title:  Name and Title:  Name and Title:  Name and Title:  Address  Address  Address	pert Doll/Director S Arnold Avenue les, FL 34104 Sy Smith/Director S Arnold Avenue	Name and Title: Address:  Name and Title:	3535 Arnold Avenue Naples, FL 34104
Name and Title:  Name and Title:	pert Doll/Director S Arnold Avenue Des, FL 34104 Sy Smith/Director Arnold Avenue Dies, FL 34104	Name and Title: Address:  Name and Title: Address:	3535 Arnold Avenue Naples, FL 34104
Name and Title:	pert Doll/Director S Arnold Avenue les, FL 34104 Sy Smith/Director Arnold Avenue	Name and Title: Address:  Name and Title: Address:	3535 Arnold Avenue Naples, FL 34104

Name	and Title:	Name and Title:
Addr	ess	Address:
ARTICLE V. The name and Name:	I <u>REGISTERED AGENT</u> I Florida street address (P.O. Box NOT acceptable) o Phillip Doll	f the registered agent is:
Address:	3535 Arnold Avenue Naples, FL 34104	-
<b>ARTICLE V</b> The <u>name and</u>	address of the Incorporator is:	
Name: Address:	Phillip Doll 3535 Arnold Avenue Naples, FL 34104	-
Having been n	umed as registered agent to accept service of process I am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in itstered agent and agree to act in this capacity
	Required Signature/Registered Agent	Date
I submit this d locument to th	locument and affirm that the facts stated herein are e Bepartment of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817,155, F.S.
	Required Signature/Incorporator	Date