P11e000002043

| (Requestor's Name) | | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



12/31/15--01005--019 **78.75

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SEGREVES SESSES

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S. PRATHER

COVER LETTER

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

| SUBJECT: Sunset Groves of Collier County, 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 ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | | |
| FROM: William Brett Wells Name (Printed or typed) | | | | | |
| 720 Clarendon Court | | | | | |
| Naples, FL. 34109 | | | | | |

NOTE: Please provide the original and one copy of the articles.

6. Wells 45 a comeast. net
E-mail address: (to be used for future annual report notification)

1/1/16

To: Department of State, Division of Corporations

To whom it may concern,

I am requesting that my prior corporate name, "Sunset Groves of Collier County Inc." be released by your department immediately so I can use it for refilling my Articles of Incorporation application enclosed rather than wait one year to use corporate name. I have had this corporate name since 1991. I changed my email address last year and never received an email advising to refile my annual report. I understand this is my responsibility. I have never been late filing before.

Your assistance is greatly appreciated.
William Brett Wells

Sunset Groves of Collier County Inc.

(239) 250-5859

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the corporat | ion shall be: <u>Sunset Gro</u> | ves of (| Collier County Inc. |
|--|--|-----------------------|-----------------------------------|
| ARTICLE II PRINC | IPAL OFFICE Principal <u>street</u> address | 1 | Mailing address, if different is: |
| | endon Court | | |
| Naples, | FL. 34109 | | |
| ARTICLE III PURPO The purpose for which the | NSE ne corporation is organized is: | establi | sh and maintain |
| alawn | care business | in Colli | er County. |
| Complete | with insurance | e, wort | ærs compensation. |
| | | | <u> </u> |
| | | | CAR DEC |
| | | | <u> </u> |
| | | | * E 0 |
| ARTICLE IV SHARE The number of shares of | ES stock is: 10,000 | | 100 4: 2 |
| | | | 90 - |
| ARTICLE V INITIA | L OFFICERS AND/OR DIRECTORS | rector | |
| Name and Title | : William BrettWells-Di | Name and Title | Linda Lee Wells - Director |
| Address | 720 Clarendon Court | Add re ss: | 720 Clarendon Court |
| | Naples, FL. 34109 | - | Naples, FL. 34109 |
| | | - | |
| Name and Title: | | Name and Title | · |
| Address | | _ Address: | |
| | | _ | |
| | | | |
| | | • | |
| Name and Title: | | Name and Title | |
| Address | | _ Address: | |
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| Name and Title: | Name and Title: | | | | |
|---|--|--|--|--|--|
| Address | Address: | | | | |
| | | | | | |
| | | | | | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (# C. Bay NOT acceptable) | of the societoped exection | | | | |
| The name and Florida street address (P.O. Box NOT acceptable) Name: Villa W D TE WE | of the registered agent is: | | | | |
| Address: 720 Clarendon Co | ourt . | | | | |
| Naples, FL. 3410 | <u>)</u> 9 | | | | |
| ARTICLE VII INCORPORATOR | 3 XH//// SEE TO THE SEE THE THE | | | | |
| The name and address of the Incorporator is: | | | | | |
| Name: William Brett | Well S | | | | |
| Address: 720 Clarendon (| | | | | |
| Naples, FL. 34 | 109 | | | | |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) | | | | | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. | | | | | |
| Having been named as registered agent to accept service of proce this certificate, I am familiar with and accept the appointment as no Required Signature/Registered Agent | ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity Date | | | | |
| I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felo Required Signature/Incorporator | e true. I am aware that the false information submitted in a may be provided for in s.817.155, F.S. | | | | |