

P16000019980

(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



600281624066

02/08/16--01021 -015 \*\*78.75

FILED  
CLERK OF STATE  
RECORDS & DOCUMENTS  
15 MAR -3 02:11:19

W/B - 012290

03/04/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 18, 2016

MICHAEL J. BIGELOW  
8229 LAUREL LAKES BLVD.  
NAPLES, FL 34119

SUBJECT: COMPLETE MARINE SERVICES OF NAPLES, INC.  
Ref. Number: W16000012290

We have received your document for COMPLETE MARINE SERVICES OF NAPLES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 316A00003421

RECEIVED  
16 MAR -3 PM 2:54  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Complete Marines Services of Naples, 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: Michael J. Biaglow  
Name (Printed or typed)

8229 Laurel Lakes Blvd.  
Address

Naples, FL 34119  
City, State & Zip

239-384-3482  
Daytime Telephone number

mikebmarine53@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: Complete Marine Services of Naples, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8229 Laurel Lakes Blvd.

Naples FL 34119

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Marine maintenance, repair  
and boat watching

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Mike Bigelow, Pres. Name and Title: \_\_\_\_\_

Address: 8229 Laurel Lakes Blvd. Address: \_\_\_\_\_

Naples, FL 34119

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

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

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

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

FILED  
CLERK OF STATE  
CORPORATIONS  
SECTION  
10 MAR -3 AM 11:19

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: Mike Aualano - Aualano Tax & Accounting, LLC  
Address: 791 10th St. Suite 302  
Naples FL 34102

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael J. Bigelow  
Address: 8229 Laurel Lakes Blvd  
Naples, FL 34119

FILED  
SECRETARY OF STATE  
JAN 26 2016  
16 HRS -3 AM 11:19

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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 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*

Mike Aualano  
Required Signature/Registered Agent

2/3/16  
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.*

Mike Bigelow  
Required Signature/Incorporator

01/25/2016  
Date