

MAR/10/2016 THU 11:03 AM
Division of Corporations

FAX No

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES
Account Number : I20030000112
Phone : (239) 552-4100
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

JLH@SWBCL.COM

RECEIVED
16 MAR 10 PM 12:40
SECRETARY OF STATE
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FLORIDA PROFIT/NON PROFIT CORPORATION
Cottonwood Investments, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2016 MAR 10 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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FAX No.

P. 002

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COVER LETTER

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

SUBJECT: Cottonwood Investments, 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: Kevin Carmichael, Esq.

Name (Printed or typed)

9132 Strada Place, Fourth Floor

Address

Naples, FL 34108

City, State & Zip

239-552-4127

Daytime Telephone number

jlh@swbcl.com

E-mail address: (to be used for future annual report notification)

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

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FAX No.

P. 003

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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: Cottonwood Investments, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

#3102 Apt. Alturas Street

Naples, FL 34113

Mailing address, if different is

302 Moorlands Crescent

Kitchener, Ontario N2P 0C4

CANADA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Crijan, Director

Name and Title: _____

Address 302 Moorlands Crescent

Address: _____

Kitchener, Ontario N2P 0C4

CANADA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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(((H16000062074 3)))

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Salvatori, Wood & Buckel, P.L.
Address: 9132 Strada Place, Fourth Floor
Naples, FL 34108

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Kevin Carmichael
Address: 9132 Strada Place, Fourth Floor
Naples, FL 34108

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

Required Signature/Registered Agent

3/10/2016

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

3/10/2016

Date

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