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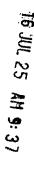
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## COVER LETTER

Department of State  New Filing Section  Division of Corporations  P. O. Box 6327  Tallahassee, FL 32314  SUBJECT: Naples Paradise (PROPOSED CORPORA	Home 1) to	हुता जात २००४ च्या स्टेस्ट्र
SUBJECT: TVATIES TOTALISES  (PROPOSED CORPORA	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an original and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00  \$78.75  Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
	rusemeyer e (Printed or typed)  h Avc. N. Address	
	F1 34108 State & Zip	<del></del>
Daytime 1	777- <i>5564</i> Telephone number	

NOTE: Please provide the original and one copy of the articles.  $\ensuremath{\mathrel{\swarrow}}$ 

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

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

	oration shall be: Naples 1		
<u>ICLE II PRI</u>	NCIPAL OFFICE Principal street address	Mailing address	s, if different is:
553 94	th Ave. N.		
Naples,	F1 34108		<u></u>
ICLE III PUR purpose for whic	POSE h the corporation is organized is:	ovide seasonal h	ome owners
with ho	me watch services	while they are a	rway.
			<b>J</b>
ICI FIV SHA	RFS		
ICLE IV SHA	RES of stock is: LOO		
number of shares	of stock is:		
number of shares	of stock is: <u>[OO</u>	ident Name and Title:	
number of shares	of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  Title: John Grusemeyer  Tohn Grusemeyer		
number of shares  ICLE V INIT  Name and Ti	of stock is: 100 TAL OFFICERS AND/OR DIRECTORS itle: Tohn Grusemeyer - Press 553 94 <sup>th</sup> Ave. N.	Address:	# <u>#</u>
number of shares  ICLE V INIT  Name and Ti	of stock is: 100  TAL OFFICERS AND/OR DIRECTORS itle: John Grusemeyer  553 94th Ave. N.  Naples, Fl 34108	Address:	#6 JUL 25
number of shares  ICLE V INIT  Name and Ti  Address	of stock is: 100  TAL OFFICERS AND/OR DIRECTORS itle: John Gryscmeyer  553 94th Ave. N. Naples, Fl 34108	Address:	16 JUL 25 AM
Name and Tit	of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  Tohn Grusemeyer  553 94th Ave. N.  Naples, Fl 34108  1c: Richard Mackert	Secretary  Name and Title:	16 JUL 25 AM 9:
number of shares  ICLE V INIT  Name and Ti  Address	of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  Tohn Grusemeyer  553 94th Ave. N.  Naples, Fl 34108  1c: Richard Mackert	Secretary  Name and Title:	16 JUL 25 AM 9: 37
Name and Tit	of stock is: 100  TAL OFFICERS AND/OR DIRECTORS itle: John Gryscmeyer  553 94th Ave. N. Naples, Fl 34108	Secretary  Name and Title:	16 JUL 25 AM 9: 37
Name and Tit	of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  Tohn Grusemeyer  553 94th Ave. N.  Naples, Fl 34108  1c: Richard Mackert	Secretary  Name and Title:	16 JUL 25 AM 9: 37
Name and Tit  Address  Address	of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  Tohn Grusemeyer  553 94th Ave. N.  Naples, Fl 34108  1c: Richard Mackert	Secretary  Name and Title:  Address:	
Name and Tit  Address  Address	of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  itle: John Grusemeyer - Press  553 94th Ave. N.  Naples, Fl 34108  1e: Richard Mackert  281 20th Ave. NE  Naples, Fl 34120	Secretary Name and Title: Address:	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Bo	
Name: John Gru;	se me yer
Name: John Grus Address: 553 94 m	Are. N.
Naples, Fl	34108
ARTICLE VII INCORPORATOR	
ARTICLE FIL TRECORT ONATOR	
The <u>name and address</u> of the Incorporator is:	
Name: John Gri	Ave. N.
Address: <u>553</u> 94 w	Ave. N.
Naples, t	1 34108
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing:	. (OPTIONAL)
days after the filing.)	e specific and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does no the document's effective date on the Department	t meet the applicable statutory filing requirements, this date will not be listed as at of State's records.
this certificate, I am familiar with and accept the	ept service of process for the above stated corporation at the place designated in ne appointment as registered agent and agree to act in this capacity
(Id H	7-21-11-
Required Signature/F	Registered Agent Date
I submit this document and affirm that the fa-	cts stated herein are true. I am aware that the false information submitted in a
document to the Department of State constitute	s a third degree felony as provided for in s.817.155, F.S.
JJ A	7-21-16
Require/ Signature/Incorporator	Date