

P16 0000695/6

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

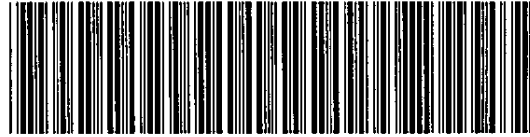
Special Instructions to Filing Officer:

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W16WW52058

AUG 24 2016

T. SCOTT



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16 AUG 15 PM 12:42  
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16 AUG 15 PM 12:42



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2016

DR CRAIG L BACHELLER  
3927 NW 45TH TERR  
CAPE CORAL, FL 33993

SUBJECT: ESTATE SETTLEMENT SERVICES OF SWFL, INC.  
Ref. Number: W16000052058

REMOVED  
16 AUG 15 PM 4:36  
TALLAHASSEE, FLORIDA

We have received your document for ESTATE SETTLEMENT SERVICES OF SWFL, 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 616A00015648

## COVER LETTER

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

**SUBJECT:** ESTATE SETTLEMENT SERVICES OF SWFL, 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:** DR CRAIG L BACHELLER

Name (Printed or typed)

3927 NW 45TH TER

Address

CAPE CORAL FLORIDA 33993

City, State & Zip

239-233-6560

Daytime Telephone number

CAPECORALCRAIG@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: ESTATE SETTLEMENT SERVICES OF SWFL, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3827 NW 45TH TER

CAPE CORAL, FL 33993

Mailing address, if different is:

1242 SW PINE ISLAND ROAD

BOX 42510

CAPE CORAL, FL 33991

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business purposes, principally, but not limited to,  
assisting, consulting and educating individuals regarding the activities associated with the wrapping up of an Estate through  
testamentary documents. This includes securing, protecting, maintaining, appraising, selling, transferring or managing assets,  
whether real or personal, working with Personal Representatives, Professional Guardians, Attorneys, heirs and beneficiaries.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: DR CRAIG L BACHELLER, CEO, T

Address 3927 NW 45TH TER  
CAPE CORAL FL 33993

Name and Title: DELICIA M L JOHNSON, V, S

Address: 3927 NW 45TH TER  
CAPE CORAL FL 33993

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

16 AUG 15 PM 12:43

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: DR CRAIG L BACHELLER  
Address: 3927 NW 45TH TER  
CAPE CORAL FL 33993

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: DR CRAIG L BACHELLER  
Address: 3927 NW 45TH TER  
CAPE CORAL FL 33993

**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  
July 15, 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  
July 15, 2016  
Date