## P1600012111

(F	Requestor's Name	)
(F	Address)	
( <i>f</i>	Address)	
(0	City/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Na	ame)
(E	Document Numbe	r)
Certified Copies	Certificat	es of Status
Special Instructions t	o Filing Officer:	

Office Use Only



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16. SEP -8 2H ID IS

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ROT DETEN. 10 ACRROWLEDGE SUFFICIENCY OF FILING RECEIVED

( 9/7/14)

## **COVER LETTER**

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

SUBJECT:	Gitinew	Glass of	Naples, Inc. TENAME-MUSTINCLI			
	(PROPO	SED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)		
Enclosed are an	original and one (1)	copy of the art	icles of incorporation and	l a check for:		
■ \$70.0 Filing Fo	·	of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fcc, Certified Copy & Certificate o Status		
			ADDITIONAL CO			
					_	
		v				
FROM:	WILLIAM ARNOLD		(D.: 4-1 - 4-1 D			
		Name	e (Printed or typed)			
	3220 14TH AVE. SE					
			Address		16	
	NAPLES, FL 34117			- <u>:</u>	हिन्	·-; ]
		City,	State & Zip	<del> </del>	(7)	
	239-777-8577			,		Ü
		Daytime T	elephone number	<del></del>	. යු : <u>—</u>	
	WILLIAMARNOLD2:	39@COMCAST.	NET	<u> </u>	്ത	
	E-mail add	dress: (to be use	d for future annual report r	notification)		

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

## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2016

WILLIAM ARNOLD 3220 14TH AVE. SE NAPLES, FL 34117

SUBJECT: GULFVIEW GLASS & DOORS, INC.

Ref. Number: W16000059548

We have received your document for GULFVIEW GLASS & DOORS, INC. and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide a purpose for the business entity.

Please return 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.

Matthew T Moon Regulatory Specialist II

Letter Number: 616A00018288

16 SEP -6 PM 4: 23

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

	NAME orporation shall be:	Grl Eview	Glass	· L D	Vaples, Inc.	
	PRINCIPAL OFFICE Principal street a		- , , , , ,	· · ·	Mailing address, if	10
3220 14TH AVE	. SE.		_			,
NAPLES, FL 34	117		<del></del>		· · · · · · · · · · · · · · · · · · ·	
ARTICLE III I	PURPOSE which the corporation is	organized is:	Any ar	vå a	Il lawful	2+8/2c323
<del></del>						<u> </u>
ARTICLE IV S The number of sha  ARTICLE V I	NITIAL OFFICERS A	,			Title:	
Address	3220 14TH AVF			ddress:	True.	
Addiess	NAPLES, FL 34	117		iddiess.		
Name and	d Title:		N	ame and	Title:	
Address						
						·
Name and	l Title:		N	ame and	Title:	
Address						
			<del></del>			<del></del>

Name a	nd Title:	Name and Title:
Addres	es	Address:
ARTICLE VI	REGISTERED AGENT	
The name and I	Florida street address (P.O. Box NOT acce	ptable) of the registered agent is:
Name:	WILLIAM ARNOLD	· 👼
Address:	3220 14TH AVE. SE.	
	NAPLES, FL 34117	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	
Name:	WILLIAM ARNOLD	
Address:	3220 14TH AVE. SE	
	NAPLES, FL 34117	
Effective date, ir (If an effective days after the f	iling.)	od cannot be more than five business days prior or 90 business oplicable statutory filing requirements, this date will not be listed as
Having been na this certificate, l	med as registered agent to accept service of I am familiar with and accept the appointme	f process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity
	الكينيل	8/26/2016
Required Signature/Registered Agent		gent Date
		rein are true. I am aware that the false information submitted in a ree felony as provided for in s.817.155, F.S.
	PENC	8/26/2016
Regu	uired Signature/Incorporator	Date