P17000097872

(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:
(Business Entity Name) (Document Number) Certified Copies Certificates of Status

Office Use Only



800306402078

12/12/17--01016--012 **78.75

17 DEC 11 AN 9-47
SECRETARY OF STATE
ALL AHASSEE FLORES

COVER LETTER

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

SUBJECT: Na	aples Integrity Gr	•	
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
rkowi	27149 Serrano V		
1	Bonita Springs, F	Florida 34135	,
-	239-272-2342	State & Zip	
	Daytime T	elephone number	
_le	enard.mark@comca E-mail address: (to be use	st.net	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)

10406 Wood	NCIPAL OFFICE Principal street address bis Avenue		Mailing address, if	l different i	s:	
	s, Florida 34135					
ARTICLE III PUR The purpose for which	POSE the corporation is organized is:	awful activitie	es of a Florid	da Cor	pora	atio
				4U)	17	
he number of shares of	ARES 200 stock is: 200 TIAL OFFICERS AND/OR DIRECT	ORS		RETARY OF STAIS AHASSEE, FLORIT	DECII AM 9-4	
None and Titl	Mark Lanard Broside	nnt .	la.	<u>.</u>	7	
Name and Titl	Mark Lanard Broside	ent Name and Titl	e:		7	
Address	Mark Lenard - Preside 10406 Wood Ibis Aven	Name and Titl Address: Name and Titl Name and Titl Address:			7	

Name and	Title:	Name and Title:
Address		Address:
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	the assistant agent in
inc <u>name and rioi</u>	Mark Lenard	the registered agent is.
Name:	10406 Wood Ibis Avenue	
Address:	Bonita Springs, FL 34135	
ARTICLE VII	INCORPORATOR	
The <u>name and add</u>	<u>ress</u> of the Incorporator is:	
Name:	Daniel A.Smith	
Address:	27149 Serrano Way	
	Bonita Springs, Florida 34135	
	ed as registered agent to accept service of process in familiar with and accept the appointment as regi	for the above stated corporation at the place designated istered agent and agree to act in this capacity 12/09/2017
		istered agent and agree to act in this capacity
this certificate, I and	Required Signature/Registered Agent	istered agent and agree to act in this capacity 12/09/2017 Date true. I am aware that the false information submitted in
this certificate, I and	Required Signature/Registered Agent ment and affirm that the facts stated herein are t	istered agent and agree to act in this capacity 12/09/2017 Date true. I am aware that the false information submitted in