

P18 000 035972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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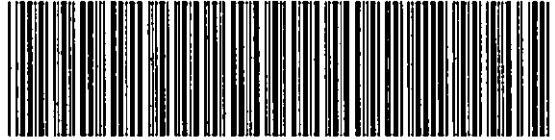
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FL



D O'KEEFE  
APR 20 2018

## COVER LETTER

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

**SUBJECT:** VASCULAR CENTER OF NAPLES, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** RUSSELL BECKER

Name (Printed or typed)

~~735 99TH AVENUE~~

229 Heron Ave

Address

NAPLES, FL 34108

City, State & Zip

810-599-1381

Daytime Telephone number

Russellbecker@msn.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: VASCULAR CENTER OF NAPLES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

~~735 99TH AVENUE~~

229 Heron Ave

NAPLES, FL 34108

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: MEDICAL SERVICES VASCULAR SURGERY

**ARTICLE IV SHARES**

The number of shares of stock is: 60,000

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

Name and Title: RUSSELL BECKER PRESIDENT

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

Address

~~735 99TH AVENUE~~ 229 Heron Ave

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

NAPLES, FL 34108

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

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

Address

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

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

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

Address

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

FILED  
18 APR 18 AM 9:41  
TALLAHASSEE, FL

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: RUSSELL BECKER  
Address: ~~735 99TH AVENUE~~ 229 Heron Ave  
NAPLES, FL 34108

**ARTICLE VII INCORPORATOR**

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

Name: RUSSELL BECKER  
Address: ~~735 99TH AVENUE~~ 229 Heron Ave  
NAPLES, FL 34108

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TALLAHASSEE, FL

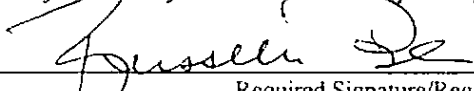
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 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*

x   
Required Signature/Registered Agent

x 4/13/18  
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.*

x   
Required Signature/Incorporator

x 4/13/18  
Date

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

VASCULAR CENTER OF NAPLES, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

~~735 99TH AVENUE~~ 229 Heron Ave

NAPLES, FL 34108

**ARTICLE III PURPOSE**

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**ARTICLE IV SHARES**

60,000  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: RUSSELL BECKER PRESIDENT

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

Address

~~735 99TH AVENUE~~ 229 Heron Ave

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

NAPLES, FL 34108

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

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

Address

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

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

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

Address

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

10 APR 18 AM 9:41  
NOTARIAL PUBLIC  
J. L. HARRIS



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: RUSSELL BECKER  
Address: ~~735 99TH AVENUE~~ 229 Heron Ave  
NAPLES, FL 34108

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

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NAPLES, FL 34108

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TALLAHASSEE, FL 323

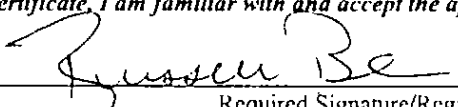
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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Required Signature/Registered Agent

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Date

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x   
Required Signature/Incorporator

x 4/13/18  
Date