

1/25/22, 2:17 PM

P 220885084

Division of Corporations
Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE, INC
Account Number : I20190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: icinde@gmail.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JAN 26 PM 2:46

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FLORIDA PROFIT/NON PROFIT CORPORATION

Village Walk Naples, INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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COVER LETTER

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

FILED
2022 JAN 26 PM 2:46
DEPT. OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: VILLAGE WALK 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
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: IRIND COCOLI

Name (Printed or typed)

5609 COVE CIR

Address

NAPLES, FL 34119

City, State & Zip

801-709-9362

Daytime Telephone number

IRINDC@GMAIL.COM

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

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

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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: VILLAGE WALK NAPLES, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

5609 COVE CIR

NAPLES, FL 34119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IRIND COCOLI - PRESIDENT

Name and Title: _____

Address 5609 COVE CIR

Address: _____

NAPLES, FL 34119

Name and Title: NINO KARDUM - VP

Name and Title: _____

Address 15383 UPWIND DRIVE

Address: _____

BONITA SPRINGS, FL 34135

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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H220000324503

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: IRIND COCOLI
Address: 5609 COVE CIR
NAPLES, FL 34119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: IRIND COCOLI
Address: 5609 COVE CIR
NAPLES, FL 34110

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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


Required Signature/Registered Agent

01/25/2022
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.817.135, F.S.


Required Signature/Incorporator

01/25/2022
Date

H220000324503