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PICK-UP WAIT MAIL
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(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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	PIC	CK UP:	3/23 DA	NNY		
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xx	РНОТОСОРУ				<u>-</u>	·
xx	CUS	GS				· · · · · · · · · · · · · · · · · · ·
xx	FILING	INC.	<u> </u>			
1.	ESTERO OAKS MANAG					
2.	(CORPORATE NAME AND DOC	.UMENI#)				
3.	(CORPORATE NAME AND DOC	CUMENT #)				
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1.	(CORPORATE NAME AND DOC	UMENT #)		<u> </u>		
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5.	(CORPORATE NAME AND DOC	UMENT #)	.			
SPECIA NSTRU	L JCTIONS:				<u> </u>	

COVER LETTER

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

SUBJECT: Estero	Oaks Manager, Inc.		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	i a check for:
- 430 00	51 440 44		- Ang 50
□ \$ 70.00		□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
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EDOM: For	rin A Donei Prouve		
PROME Re	vin A. Denci, Esquire Nam	e (Printed or typed)	·
		e (trimes or types)	
218	O Immokalee Road - Suite #I	116	
		Address	
Nav	oles, Florida 34110		
Hat		State & Zip	
	City	orace to zip	
23'	9-260-8111		
	Daytime 1	elephone number	
<u> </u>	enti@dentilaw.com	d for future armini	at Cantian)
	E-man address: (to be use	d for future annual report r	iourication)

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)

RTICLE I NAT	ME oration shall be: Estero Oaks Manager,	Inc.	
RTICLE II PRI	NCIPAL OFFICE Principal street address	999	Mailing address, if different is: Vanderbilt Beach Road
uite #701		Sui	te #701
aples, Florida	34108	Nag	oles, Florida 34108
RTICLE III PUI		no in all l	
ne purpose for white	th the corporation is organized is: to engage		2
		-	—————————————————————————————————————
			<u>AA</u> 2
			S.Y
			<u>~~~~</u>
			က်ပြု
			FL : 51
Name and T	itle:Walter S. Hagenbuckle-Presiden	t Name and	Title Malter S. Hagenbuckle-Direct
Address	999 Vanderbilt Beach Road	Address:	999 Vanderbilt Beach Road
	Suite #701		Suite #701
	Naples, Florida 34108	_	Naples, Florida 34108
Name and Ti	le Albert Livingston-Vice Presiden	t Name and	Title: <u>Albert Liwingston-Director</u>
Address	999 Vanderbilt Beach Road	Address:	999 Vanderbilt Beach Road
	Suite #701	_	Suite #701
	Naples, Florida 34108	_	Naples, Florida 34108
Name and Ti	le: Steven Harper - Secretary	Name and	Title: Nicholas Vician - Treasurer
Address	999 Vanderbilt Beach Road	Address:	999 Vanderbill Beach Road
	Suite #701		Suite #701
	Naples, Florida 34108		Naples, Florida 34108

, Name	and Title:	Name and Title:
Addro	ess	Address:
	REGISTERED AGENT	
тие <u>цаше али</u>	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Kevin A. Denti, Esquire	_
Address:	2180 Immokalec Road - Suite #316	
	Naples, Florida 34110	2022 HAR 23 TALL AHA
		ANASSEE FL
ARTICLE VII	<u>INCORPORATOR</u>	EE. ST
The name and	address of the Incorporator is:	FL
Name:	Kevin A. Denti, Esquire	_
Address:	2180 Immokalee Road - Suite #31	<u>5_</u>
	Naples, Florida 34110	_
ADTICLE VII	I EEEECTIVE DATE.	
	I EFFECTIVE DATE: if other than the date of filing:	.(OPTIONAL)
(If an effective filing.)	date is listed, the date must be specific and can	not be more than five days prior or 90 days after
_	to incored in this blook door was more the small sale	Language Street Control of the Street
the document's	effective date on the Department of State's record	le statutory filing requirements, this date will not b s.
Having been no	imed as registered agent to accept service of process	for the above stated corporation at the place design
certificate, I an	familiar with and accept the appointment as regist	ered agent and agree to act in this capacity
	1/1. 1. St.	\$/2.2-/.
	Required Signature/Registered Agent	Date
I submit this de	ocument and affirm that the facts stated herein a	e true. I am aware that the false information sub-
aucument to the	e Department of State constitutes a third degree felo	ony as provided for in s.817.155, F.S.
	· Alti	3/22/2
Required Signa	ture/Incorporator	Date