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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

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

SUBJECT: Savann	ah Gateway I Manager, Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	_
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	i a check for:	1
☑ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
DD 0.4				22 AUG -9
FROM: <u>K</u>	evin A. Denti, Esqui; Name	(Printed or typed)	 -	- 9n
_2	180 Immokalee Road -	Suite #316 Address		9 AH
	Naples, Florida 34110 City.	State & Zip		7: 26
_ 2	239-260-8111 Daytime T	elephone number		
1	cdenti@dentilaw.com E-mail address: (to be used	for future annual report r	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)

ICLE 1 NA.	<u>ME</u> oration shall be: <u>Savannah Gateway I Manag</u>	er, Inc.	
9 Vanderb	NCIPAL OFFICE Principal street address ilt Beach Road	999 Vanderb	Idress, if different is:
aples, Flo	rida 34108	Naples, Fl	orida 34108
TICLE III PUI	R <u>POSE</u> ch the corporation is organized is: <u>to eng</u> a	ge in all lawf:	ul busines ses
		ed by Florida la	
			1
	·		∵ ∴
			26
Name and I	itle: Walter S. Hagenbuckle-President 999 Vanderbilt Beach Road		s S. Hagenbuckle-Dire
	Suite #701	Suite	#701
	Naples, Florida 34108	Naple	es, Florida 34108
Name and Ti	tle: Albert Livingston-Vice President	Name and Title: Albert	Livingston - Director
Address	999 Vanderbilt Beach Road	Address: 999 V	anderbilt Beach Roa
	Suite #701	_Suite	#701
	Naples, Florida 34108	Napl	es. Florida 34108
Name and Ti	tle: Steven Harper - Secretary	Name and Title: Nichola	s Vician - Treasurer
Address	999 Vanderbilt Beach Road	Address: 999 V	<u> </u>
	Suite #701	Qui +	
	DUILE # (UL	<u> </u>	<u> </u>

Name a	nd Title:	Name and Title:	
Addre	ss	Address:	
	REGISTERED AGENT		
The <u>name and</u>	Florida street address (P.O. Box NOT acceptable)		
Name:	Kevin A. Denti, Esquire	<u> </u>	
Address:	2180 Immokalee Road-Suite	<u>#</u> 316	
	Naples, Florida 34110		r
ARTICLE VII	INCORPORATOR		,
	address of the Incorporator is:		HOG I
Name:	Kevin A. Denti, Esquire		<u>~</u>
Address:	2180 Immokalee Road-Sui		P. C.
Address.		 -	7: 26
	Naples, Florida 34110		.
ARTICLE VIII	EFFECTIVE DATE:	(ADTIONIAL)	
(If an effective	f other than the date of filing: date is listed, the date must be specific and can	not be more than five days prior	or 90 days after
filing.)			
	e inserted in this block does not meet the applical effective date on the Department of State's record		i date will not be
		- Court - Landard - Landar	
	med as registered agent to accept service of proces familiar with and accept the appointment as regis		
ند	11111111		Aug 5
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein a		
	Department of State constitutes a third degree fel ure/Incorporator	ony as proviuca jor in s.81 /.155, E.S	1 -
			Hug. 8, 2