

11/29/22, 9:19 AM

Division of Corporations
 Florida Department of State
 Division of Corporations
P2200088075
 Electronic Filing Cover Sheet

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

From:
 Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
 Account number : 120190000062
 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: irindc@gmail.com

81:0119 5:11:2202

FLORIDA PROFIT/NON PROFIT CORPORATION
VW OF NAPLES, INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

COVER LETTER

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

SUBJECT: VW 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 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.

11/29/22 9:30 AM

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: VW OF NAPLES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3150 VILLAGE WALK CIR #100

5609 COVE CIR

NAPLES, FL 34109

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 PRES

Name and Title: _____

Address 5609 COVE CIR

Address: _____

NAPLES, FL 34119

Name and Title: HAILY JAVORSKY V. PRES

Name and Title: _____

Address 7545 CAMPANIA WAY

Address: _____

NAPLES, FL 34104

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

9
11
5
07

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 34119

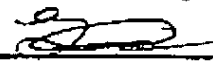
ARTICLE VIII EFFECTIVE DATE:

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 Irind Cocoli 
 Required Signature/Registered Agent

11/28/22
 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 Irind Cocoli 
 Required Signature/Incorporator

11/28/22
 Date

11/29/22 09:30