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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
SBL NAPLES INC

Certificate of Status	1
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: SBL NAPLES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
9853 NORTH TAMIAMI TRAIL, STE #110
NAPLES, FL 34108Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

_____**ARTICLE IV SHARES**The number of shares of stock is: 1,500 at No Par Value
_____**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALISA BADOLATO - President/DirectorAddress 9853 NORTH TAMIAMI TRAIL, STE #110
NAPLES, FL 34108

_____Name and Title: FRANCIS BADOLATO - Vice President/DirectorAddress: 9853 NORTH TAMIAMI TRAIL, STE #110
NAPLES, FL 34108

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: ALISA BADOLATOAddress: 9853 NORTH TAMIAMI TRAIL, STE #110
NAPLES, FL 34108**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: ALISA BADOLATOAddress: 19853 NORTH TAMIAMI TRAIL, STE #110
NAPLES, FL 34108**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*Alisa Badolato
Print Name (Last, First, Middle Initial)

Required Signature/Registered Agent

September 14, 2023

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.*Alisa Badolato
Print Name (Last, First, Middle Initial)

Required Signature/Incorporator

September 14, 2023

Date

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