

REFERENCE :

586925

8748A

AUTHORIZATION :

latuein. Pa

COST LIMIT : 9 70.00

ORDER DATE: April 28, 1995

ORDER TIME : 9:25 AM

ORDER NO. : 586925

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CUSTOMER NO:

8748A

CUSTOMER: Lin Davis, Legal Assistant

MURPHY LAW FIRM

Suite A

3810 North Airport Road

Naples, FL 33942

DOMESTIC FILING

NAME:

WESTFIELD DEVELOPERS OF

NAPLES, INC.

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XXX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS:

# 4 1995

AL THE

95 MAY -3: AH 8: 17 SECRETARY OF STATE



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 3, 1995

CSC NET WORKS 1201 HAYS STREET TALLAHASSEE, FL 32301

SUBJECT: WESTFIELD DEVELOPERS OF NAPLES, INC.

Ref. Number: W95000009370

We have received your document for WESTFIELD DEVELOPERS OF NAPLES, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

Please give a complete address for the principal office of the corporation.

Please return your document, along with a copy of this letter, within 60 Javs or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Teresa Brown Corporate Specialist

Letter Number: 195A00021440

ARTICLES OF INCORPORATION

OF

WESTFIELD DEVELOPERS OF NAPLES, INC.

95 MAY -3 M 8 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

#### ARTICLE I. NAME

The name of the corporation shall be:

WESTFIELD DEVELOPERS OF NAPLES, INC.

The address of the principal office of this corporation shall be 5010 Berkley Drive, Naples, Florida 33962, and the mailing address shall be the same.

#### ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

#### ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7,500 shares of common stock having \$1.00 par value per share.

#### ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

#### ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE VI. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Jim Marks Pres./Treas. Post Office Box 1008 Naples, Florida 33939

Jamie Marks V. Pres./Sec. Same

#### ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Information Services, Inc. 1201 Hays Street Tallahassee, Florida 32301 IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on May 3, 1995.

CORPORATION INFORMATION SERVICES, INC.

Its Agent, Gail Shelby

### ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

Its Agent Gail Shelby

JWK/dgs

# P95000034696

3810 NORTH AIRPORT ROAD, SUITE A NAPLES, FLORIDA 33942

TELEPHONE: 813/262-6507 TELE FAX: 813/262-7098

Vincent Murphy C.A. Murphy (Retired) of Counsel Anthony A. Haisch

May 12, 1995

Secretary of State Division of Corporations P.O. Box 6327 Tallanassee, FL 32314

RE: WESTFIELD DEVELOPERS OF NAPLES, INC.

Dear Sir:

Enclosed please find Statement of Change of Registered Agent and Office for filing, along with our check in amount of \$35.00 filing fee.

Please forward a statement of change to me in the envelope provided. Thank you.

Sincerely,

Lin Davis, Secretary to Vincent Murphy

Enclosures

10000148901<sup>1</sup> -05/16/95--01109--002 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

A. A. Mary as

Charter No.195000034696 Date Filed May 03, 1995

## STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607 1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

- 1. The name of the corporation is :WESTFIELD DEVELOPERS OF NAPLES, INC.
- 2. The name and address of its present registered agent is:

#### CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE, FLORIDA 32301

3. The name and street address to which its registered agent is to be changed is:

(P.O. BOX NOT ACCEPTABLE)

Jim Marks

5010 Berkley Drive Naples, FL 33962

- 4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.
- 5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Signature Signature DATE 5-9-95

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name: Jim Marks

Filing Fee \$35.00