

P96000015986

FILED

96 FEB 19 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TAMARA D. ARNOLD

Requestor's Name

13601 AIRPORT BL.

Address

NAPLES FL 33942

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ASSURED PROPERTY MANAGEMENT, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

700001718407
-02/19/96-01077-015
****122.50 ****122.50

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

PH 2/21/96

Examiner's Initials

Articles of Incorporation
of
Assured Property Management, Inc.

FILED
96 FEB 19 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of this Corporation is **Assured Property Management, Inc.**, and the street address of the initial registered and principal office of this corporation is **1361 Airport Rd., North, Naples, FL 33942.**

ARTICLE II

This corporation shall have perpetual existence.

ARTICLE III

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV

This corporation is authorized to issue five hundred (500) shares of \$1.00 par value common stock.

ARTICLE V

The address of the initial registered office of this corporation is **1361 Airport Rd., N., Naples, FL 33942** and the name of the initial registered agent of this corporation at that address is **Tamara D. Arnold.**

ARTICLE VI

This corporation shall have one director initially.
The number of directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one (1).
The name and address of the initial director of this corporation is:

Tamara D. Arnold
1361 Airport Rd., N.
Naples, FL 33942

ARTICLE VII

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation.

ARTICLE VIII

The incorporator's name is Tamara D. Arnold and her address is 1361 Airport Rd., N., Naples, FL 33942.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 12th day of February, 1996.

Tamara D. Arnold

STATE OF FLORIDA

COUNTY OF Collier

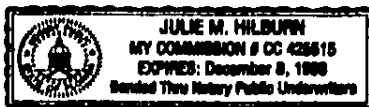
BEFORE ME, a Notary Public, authorized to take acknowledgments in the State and County set forth above, personally appeared **Tamara D. Arnold**, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and acknowledged before me that she executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 12th day of February, 1996.

Julie M. Hilburn
Notary Public

My Commission Expires: _____

Seal:



FILED

96 FEB 19 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT

STATE OF FLORIDA

COUNTY OF Collier

BEFORE ME, the undersigned authority, personally appeared **Tamara D. Arnold**, to me known to be the person described in the foregoing Articles of Incorporation as the Resident Agent, and who hereby accepts said designation, and further states that the place of business for which said Resident Agent will accept service of papers on behalf of the corporation is **1361 Airport Rd., N., Naples, FL 33942** and acknowledged before me that she executed this Acceptance freely and voluntarily and for the uses and purposes therein expressed.

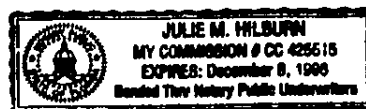
Tamara D. Arnold

SWORN TO AND SUBSCRIBED before me in the County and State last aforesaid, this 12th day of February, 1996.

Julie M. Wilburn
Notary Public

My Commission expires: _____

Seal:





**ASSURED PROPERTY
MANAGEMENT, INC.**

Administrative Professional Center • 9220 Bonita Beach Road • Suite #217 • Bonita Springs, Florida 34135 • (941) 498-6191 • Fax (941) 498-6208

P960000159 86

December 12, 1996

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Change of Address

Please be advised that the mailing address of ASSURED PROPERTY MANAGEMENT, INC.
has changed:

Old Address: 1361 Airport Road, North - Naples, FL 33942

NEW ADDRESS: 9220 BONITA BEACH ROAD #217 - BONITA SPRINGS, FL 34135

ASSURED PROPERTY MANAGEMENT, INC. was assigned DOCUMENT #P96000015986
on February 19, 1996.

Sincerely,

Harlene A. Young

Harlene A. Young, President
Assured Property Management, Inc.

HAY/ms

KS1/8

P96000015986

Requestor's Name
**ASSURED PROPERTY
MANAGEMENT, INC.**

Sunshine Professional Center
9220 Bonita Beach Road, Ste. #217
Bonita Springs, Florida 34135

one #

600002073536--9
-01/30/97--01045--002
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

97 JUN 30 PM 4:06
FILED
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
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| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

RA Chg.

VS FEB 5 1997

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Assured Property Management, Inc.

1b. The mailing address of the corporation is: 9220 Bonita Beach Road #217
Bonita Springs, FL 34135

1c. Date of Incorporation: February 19, 1996 Document number: P96000015986

2. The name and address of the current registered agent and office:

Tamara D. Arnold
1361 Airport Road North
Naples, Florida 34104

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Harlene A. Young
9220 Bonita Beach Road #217
Bonita Springs, Florida 34135

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Tamara D. Arnold
(Signature of an officer, chairman or
vice chairman of the board)

1-25-97
(Date)

Tamara D. Arnold, Secretary
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Harlene A. Young
(Signature of Registered Agent)

1/25/97
(Date)

If signing on behalf of an entity:

Harlene A. Young
(Typed or Printed Name)

(Capacity)

P96000015986

TAMARA D. ARNOLD

Requestor's Name

1361 AIRPORT BL.

Address

NAPLES FL 33942

City/State/Zip

Phone #

FILED

96 FEB 19 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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(Corporation Name) (Document #)

700001718407
-02719795-01077-015
****122.50 ****122.50

4. _____
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☐ Walk in

☐ Pick up time _____

☐ Certified Copy

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☐ Photocopy

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PH 2/21/96

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ARTICLE VI

This corporation shall have one director initially.
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The name and address of the initial director of this corporation is:

**Tamara D. Arnold
1361 Airport Rd., N.
Naples, FL 33942**

ARTICLE VII

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation.

ARTICLE VIII

The incorporator's name is Tamara D. Arnold and her address is 1361 Airport Rd., N., Naples, FL 33942.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 12th day of February, 1996.

Tamara D. Arnold

STATE OF FLORIDA

COUNTY OF Alachua

BEFORE ME, a Notary Public, authorized to take acknowledgments in the State and County set forth above, personally appeared **Tamara D. Arnold**, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and acknowledged before me that she executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this

12th day of February, 1996.

Julie M. Hilburn
Notary Public

My Commission Expires: _____

Seal:



FILED

96 FEB 19 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT

STATE OF FLORIDA

COUNTY OF

Collier

BEFORE ME, the undersigned authority, personally appeared **Tamara D. Arnold**, to me known to be the person described in the foregoing Articles of Incorporation as the Resident Agent, and who hereby accepts said designation, and further states that the place of business for which said Resident Agent will accept service of papers on behalf of the corporation is **1361 Airport Rd., N., Naples, FL 33942** and acknowledged before me that she executed this Acceptance freely and voluntarily and for the uses and purposes therein expressed.

Tamara D. Arnold

SWORN TO AND SUBSCRIBED before me in the County and State last aforesaid, this 12th day of February, 1996.

Julie M. Hilburn

Notary Public

My Commission expires: _____

Seal:





**ASSURED PROPERTY
MANAGEMENT, INC.**

Assured Property Management, Inc. • 9220 Bonita Beach Road • Suite #217 • Bonita Springs, Florida 34135 • (941) 498-6191 • Fax (941) 498-6208

P960000159 86

December 12, 1996

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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Sincerely,

Harlene A. Young

**Harlene A. Young, President
Assured Property Management, Inc.**

HAY/ms

KS 1/8

P96000015986

| | |
|--|--|
| Requestor's Name | |
| ASSURED PROPERTY MANAGEMENT, INC. | |
| Sunshine Professional Center 9220 Bonita Beach Road, Ste. #217 Bonita Springs, Florida 34135 | |
| one # | |

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-01/30/97--01045--002
*****35.00 *****35.00

Office Use Only

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97 JAN 30 PM 4:06
RECEIVED
TALLAHASSEE, FLORIDA

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RA Chg.

VS FEB 5 1997

Florida Department of State, Sandra B. Northam, Secretary of State

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Harlene A. Young
9220 Bonita Beach Road #217
Bonita Springs, Florida 34135

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Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Tamara D. Arnold 1/25/97
(Signature of an officer, chairman or vice chairman of the board) (Date)

Tamara D. Arnold, Secretary
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Harlene A. Young 1/25/97
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Harlene A. Young
(Typed or Printed Name) (Capacity)