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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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COVER LETTER

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

SUBJECT: Holden H	leights Neighborhood As (PROPOSED CORPORAT)	sociation, Inc. E NAME – <u>MUST INCLUI</u>	DE SUFFIX)
Enclosed is an original a	and one(1) copy of the Articl	es of Incorporation and a	a check for :
\$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 PPY REQUIRED
FROM:	Rufus Cliatt Name (Pri	nted or typed)	_
	613 19th St.	_	
	Orlando, FL 32805-4624	itate & Zip	_
	407- 321-388-4314		

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

MAY 30
PH 3: 5?

NAME

The name of the corporation shall be:

Holden Heights Neighborhood Association, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1416 L. B. McLeod Rd.

Orlando, FL 32805

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

See attached By-laws Article II, Section II

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are elected annually by the voting membership.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Rufus Cliatt, 613 19th St. Orlando, FL 32805-4624, President Mandy Connelly, 1401 25th St. Orlando, FL 32805, Vice President Kim Koi, 1022 So. Lee St. Orlando, FL, 32805, Treasurer David Moore, 1046 22nd St., Orlando, FL 32805, Secretary

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Rufus Cliatt, 613 19th St. Orlando, FL 32805

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rufus Cliatt, 613 19th St. Orlando, FL 32805

**************************************	**************************************
Having been named as registered agent to accept service of process for the above in this <u>certificate</u> , I am familiar with and accept the appointment as registered a	e stated corporation at the place designated gent and agree to act in this capacity.
Koper Chiats	5-24-06
Signature/Registered Agent	Date
Rojer Clist	5-24-06
Signature/Incorporator	Date