

No 4000004104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

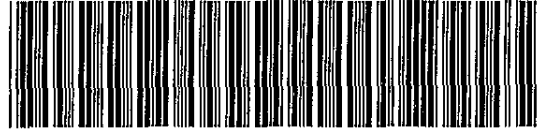
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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REGISTERED MAIL
ADMIN. CENTER

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TRANSMITTAL LETTER

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

SUBJECT: DOVE FIELD HOME OWNERS ASSOCIATION INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: NATHAN HORVATH
Name (Printed or typed)

4255 W. HUMPHREY ST. #1114
Address

TAMPA, FL 33614
City, State & Zip

813-884-4194
Daytime Telephone number

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

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

ARTICLE I NAME

The name of the corporation shall be:

DONEFIELD HOMEOWNERS ASSOCIATION INC.

ARTICLE II PRINCIPAL OFFICE

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

*4255 W. HUMPHREY ST. #1114
TAMPA, FL 33614*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NON-PROFIT HOMEOWNERS ASSOCIATION TO MAINTAIN LANDSCAPING AND CLEANLINESS TO THE SUBDIVISION. THE SUBDIVISION CONSISTS OF FOUR HOMES ON FOUR RESIDENTIAL LOTS, LOCATED IN PASCO COUNTY.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

DIRECTORS SHALL BE ELECTED

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

*NATHAN HORVATH (H.O.A. PRESIDENT)
4255 W. HUMPHREY ST. #1114
TAMPA, FL 33614*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

*NATHAN HORVATH
4255 W. HUMPHREY ST. #1114
TAMPA, FL 33614*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*NATHAN HORVATH
SAME AS ABOVE*

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STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
Signature/Registered Agent *NATHAN HORVATH*

4-17-04
Date

[Signature]
Signature/Incorporator *NATHAN HORVATH*

4-17-04
Date