

F19000001772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

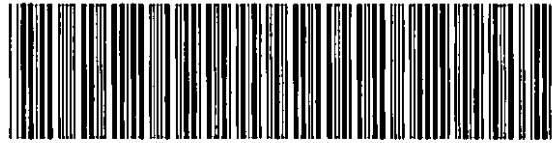
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert W19-28596

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TALLAHASSEE, FLORIDA

4/10/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2019

STEVE MINOTAKIS
5550 W EXECUTIVE DR, STE 550
TAMPA, FL 33609

SUBJECT: MMV OWNERS ASSOCIATION INC
Ref. Number: W19000028596

We have received your document for MMV OWNERS ASSOCIATION INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 919A00005759

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MMV OWNERS ASSOCIATION INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
STEVE MINOTAKIS

Name of Person

HARROD PROPERTIES INC

Firm/Company

5550 W. EXECUTIVE DRIVE, SUITE 550

Address

TAMPA, FL 33609

City/State and Zip code

SMINOTAKIS@HARRODPROPERTIES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVE MINOTAKIS

813

229-1500 EXT 5066

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

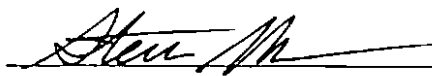
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MMV OWNERS ASSOCIATION, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. TEXAS 3. 83-3678702
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/25/2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 2/25/2019 FOR COLLECTION OF ASSOCIATION FEES
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5550 W. EXECUTIVE DRIVE, SUITE 550, TAMPA, FL 33609
(Principal office address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: STELIOS MINOTAKIS
- Office Address: 5550 W. EXECUTIVE DRIVE, SUITE 550
- TAMPA , Florida 33609
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ROBERT C WEBSTER, II

Address: 5550 W. EXECUTIVE DRIVE, SUITE 550

TAMPA, FL 33609

Vice Chairman:

Address:

Director: JEFF ANDERSON

Address: 8277 BELLEVIEW DRIVE

PLANO, TX 75024

Director: PATRICK FIGURES

Address: 5425 W. SPRING CREEK PKWY, SUITE 200

PLANO, TX 75024

B. OFFICERS

President: CHADWICK W HARROD

Address: 5550 W. EXECUTIVE DRIVE, SUITE 550

TAMPA, FL 33609

Vice President: ROBERT C WEBSTER, II

Address: 5550 W. EXECUTIVE DRIVE, SUITE 550

TAMPA, FL 33609

Secretary: PATTI BENNETT

Address: 5550 W. EXECUTIVE DRIVE, SUITE 550, TAMPA, FL 33609

Treasurer: JACK KELLEY

Address: 5550 W. EXECUTIVE DRIVE, SUITE 550, TAMPA, FL 33609

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. ROBERT C WEBSTER, DIRECTOR

(Typed or printed name and capacity of person signing application)

FILED
19 APR -9 AM 2:48
TALLAHASSEE, FLORIDA

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



David Whitley
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for MMV Owners Association, Inc. (file number 803221424), a Domestic Nonprofit Corporation, was filed in this office on January 25, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 09, 2019.



A handwritten signature in black ink, appearing to read "David Whitley".

David Whitley
Secretary of State