Requester's Name	
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3520 Thomasville Road, 4th Floor Address	
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Tallahassee, FL 32309 850-893 City/State/Zip Phone	<del></del>
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CORPORATION NAME(S) & DOC	UMENT NUMBER(S), (if known):
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NEW FILINGS	AMENDMENTS 500005272385
	******78_75_ ******
Profit Not for Profit	Amendment Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication Other	Dissolution/Withdrawal
□ Other	■ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report	☐ Foreign
☐ Fictitious Name	Limited Partnership
2544	Reinstatement Trademark
2549 WOZ-10587	Other
•	
	Examiner's Initials



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 15, 2002

SMITH THOMPSON SHAW & MANAUSA 3520 THOMASVILLE ROAD 4TH FLOOR TALLAHASSEE, FL 32309

SUBJECT: THE COVE HOMEOWNERS ASSOCIATION, INC.

Ref. Number: W02000010587

We have received your document for THE COVE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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) 245-6973.

Claretha Golden Document Specialist New Filings Section

Letter Number: 302A00022369

# ARTICLES OF INCORPORATION OF THE COVE HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.

1

The Name of the corporation shall be THE COVE HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.

П

The duration of the corporation shall be perpetual.

Ш

The purpose for which the corporation is organized is to provide for the preservation of the values, amenities, attractiveness and desirability of real property known as The Cove located in Leon County Florida.

IV

The principal office of the corporation shall be located at 1909 Capital Circle NE, Tallahassee, Florida 32308.

 $\mathbf{V}$ 

The initial board of directors shall be three in number. Their names and addresses are as follows:

Michael D. Carruthers

1909 Capital Circle NE

Tallahassee, Florida 32308

Michelle Carruthers

1909 Capital Circle NE

Tallahassee, Florida 32308

Sarah J. Carruthers

1909 Capital Circle NE

Tallahassee, Florida 32308

The manner of election of directors is referred to in the Bylaws.

#### VIII

The name and address of the incorporator is Michael D. Carruthers, 1909 Capital Circle, NE, Tallahassee, Florida 32308.

#### IX

The name of the initial registered agent of the corporation is Michael D. Carruthers, 1909 Capital Circle, NE, Tallahassee, Florida 32308.

Χ

Every person that is a record owner of a lot in The Cove shall be a member of the Association. Membership is appurtenant to and may not be separated from ownership of any lot.

#### $\mathbf{XI}$

In the event of dissolution of the corporation, the assets shall be dedicated to a public body or conveyed to a non profit organization with similar purposes.

### IIX

As long as there is Class B membership, the following actions will require the prior approval of FHA or VA: annexation of additional properties, mergers and consolidations, mortgaging of common area, dedication of common area, dissolution and amendment of these articles.

## $\mathbf{XIII}$

The Articles may be amended by the vote of at least 2/3 of the members.

MICHAEL D. CARRUTHERS

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

OF TALLAHASSEE

First--that THE COVE HOMEOWNERS ASSOCIATION, INC. desiring to organize under the laws of the State of Florida with its principal office indicated in the articles of incorporation in the City of Tallahassee, County of Leon, State of Florida, has named Michael D. Carruthers, 1909 Capital Circle, NE, Tallahassee, Florida 32308 as its agent to accept service of process within this state.

ACKNOWLEDGMENT

ACKNOWLEDGMENT

ACKNOWLEDGMENT

Having been named to accept service of process for the above corporation; at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

MICHAEL D. CARRUTHERS