

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H0400007323 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305) 634-3694

Fax Number : (305)633-9696

FLORIDA NON-PROFIT CORPORATION

MACHAPELAH HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$70.00)

Electronic Filing Menu.

MUMUUUUU 1303

(3)

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MACHAPELAH HOMEOWNERS ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 701 NORTHPOINT PARKWAY, SUITE 220 WEST PALM BEACH, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation does not contemplate pecuniary gain or profit, direct or indirect, to its members. The purposes for which it is formed are: To promote the health, safety and welfare of the residents within the following properties situate in THE CITY OF PAHOKEE, FLORIDA 33407: for a subdivision known as VILLA SANTA MARIA and such additions thereto as may hereafter be brought within the jurisdiction of this corporation.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The affairs of the corporation shall be managed by a board of three (3) directors who need not be members of the corporation. The initial board of directors shall consist of three (3) directors who shall hold office from the date of formation of the corporation until the election of their successors by a majority vote of the shareholders at the next annual shareholders meeting scheduled in accordance with the bylaws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

- STEPHEN L. SHULMAN, DIRECTOR, 701 NORTHPOINT PARKWAY, SUITE 220, W.P.B., FLA. 33407
- 2. MARK LEWIS, DIRECTOR, 701 NORTHPOINT PARKWAY, SUITE 220, W.P.B., FLA. 33407
- FATHER JOHN AMERICANTE, DIRECTOR, 701 NORTHPOINT PARKWAY, SUITE 220, W.PB., FLA. 33407

<u>ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

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

MICHAEL R. PRESLEY, ESQ. 701 NORTHPOINT PARKWAY, SUITE 220 WEST PALM BEACH, FLORIDA 33407

<u>ARTICLE VII __ INCORPORATOR</u>

The name and address of the Incorporator is:

MICHAEL R. PRESLEY, ESQ. 701 NORTHPOINT PARKWAY, SUITE 220 WEST PALM BEACH, FLORIDA 33407

Having been named as regimered 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/Registered Agent Date

O1/09/2004

O1/09/2004

Signature/Incorporator Date

H0400007333

20.9 JRTOT

HUMUULITOUS

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEARBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING 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

O4 JAN 12 PH 12: 53
SECRETARY OF STATE.
TALLAHASSE FISHER

HDU00007323