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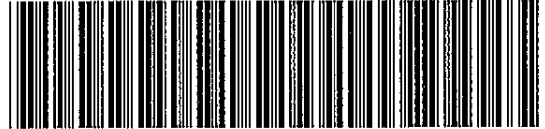
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

520 Louisa Street

Signature

Requested by: WX

4/21

Name

Date

Time

Walk-In

Will Pick Up

- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☒ Photo Copy
- ☒ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

# **ARTICLES OF INCORPORATION**

**OF**

## **520 LOUISA STREET CONDOMINIUM ASSOCIATION, INC.**

The undersigned, for the purpose of forming a not for profit corporation under Chapter 617, Florida Statutes, does hereby adopt the following Articles of Incorporation:

### **ARTICLE I: NAME**

The name of the corporation is **520 LOUISA STREET CONDOMINIUM ASSOCIATION, INC.**

### **ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is **520 Louisa Street, Key West, FL. 33040**

### **ARTICLE III: PURPOSE**

**The sole purpose of this non profit corporation is to manage the affairs of the condominium.**

### **ARTICLE IV: QUALIFICATION**

The qualifications for members and the manner of their admission are stated in the bylaws of the corporation.

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SECRETARY  
TALLAHASSEE

## **ARTICLE V: INITIAL REGISTERED OFFICE AND AGENT**

The initial registered office and agent of the corporation is **Elizabeth Lynne Pou, c/o Ben Harrison, 827 White St., Key West, FL. 33040**

## **ARTICLE VI: INITIAL BOARD OF DIRECTORS / OFFICERS**

The manner in which the directors are elected is stated in the corporate bylaws. The name and address of each person who is to serve as a member of the initial Board of Directors / Officers of the corporation is:

**Elizabeth Lynne Pou, c/o Ben Harrison, 827 White St., Key West, FL. 33040**

**Cheryl Pou, c/o Ben Harrison, 827 White St., Key West, FL. 33040**

**Barbara Deason, c/o Ben Harrison, 827 White St., Key West, FL. 33040**

## **ARTICLE VII: NON-STOCK BASIS**

The corporation is organized under a non-stock basis.

## **ARTICLE VIII: DISSOLUTION**

In the event of dissolution, the residual assets of the corporation will be turned over to one or more organizations which themselves are exempt organizations described in sections 501(c) (3) and 170 (c) (2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State or local government for exclusive public purpose.

## **ARTICLE IX: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 East Virginia Street, Suite 1, Tallahassee, Florida 32301.

## **ARTICLE X: AMENDMENTS**

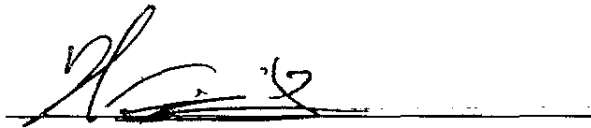
The corporation reserves the right to amend or repeal any provisions of these Articles of Incorporation, or any amendment(s) thereto.

## **ARTICLE XI: CORPORATE POWERS**

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes.

The undersigned incorporator has executed these Articles of Incorporation this 21<sup>st</sup> day of April 2005.

"Your Capital Connection, Inc. by Weimar Lopez, Client Representative"

A handwritten signature in dark ink, appearing to read 'Weimar Lopez', is written over a horizontal line.

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: 520 LOUISA STREET  
CONDOMINIUM ASSOCIATION

2. The name and street address of the registered agent and office is: \_\_\_\_\_  
ELIZABETH LYNN POV  
% Ben Harrison  
827 White St, KEY WEST, FL 33040

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 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.

*Elizabeth Lynn Pov*

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TALLAHASSEE, FLORIDA