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TRANSMITTAL LETTER

Department_of State				
Division of Corporation	ıs	· -	· -	
P. O. Box 6327	F :			
Tallahassee, FL 32314				
SUBJECT: Shell Island Retreat Phase I Property 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 Fce	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM: Donna S. Biggins Name (Printed or typed)				
515 North Adams Street Address				
Tallahassee, Florida 32301 City, State & Zip				
850-222-9482 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:	nik , s
Shell Island Retreat Phase I Property Owners Association, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	name.
1835 Fiddler Court, Tallahassee, Florida 32308	05 M
ARTICLE III PURPOSE	ASS.
The purpose for which the corporation is organized is:	
To govern the use and enjoyment of the property known as Shell Island Retreat Phase	PH 2:33
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed:	Q . 3
Elected	
Gregory S. Preble - Director, 1835 Fiddler Court, Tallahassee, Florida 32308 Allen N. Hobbs - Director, 330 Shell Island Road, St. Marks, Florida 32355 ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS	S
The name and Florida street address (P.O. Box NOT acceptable) of the registered a	
Gregory S. Preble, 1835 Fiddler Court, Tallahassee, Florida 32308	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Gregory S. Preble, 1835 Fiddler Court, Tallahassee, Florida 32308	
**************************************	tion at the place designated
Man	/18/15
Signature/Registered Agent Date	(0/0)
10 - 1/100	()