

No 5000005797

(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:

Office Use Only



100055510551

06/06/05--01015--001 **08.05

FILED
05 JUN -6 PM 2:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: The Oaks of Arcadia Condominium, 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 Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: James H. McAnly

Name (Printed or typed)

222 East Oak Street

Address

Arcadia, FL 34266

City, State & Zip

(863) 494-0062

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FILED

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

05 JUN -6 PM 2: 37

ARTICLE I **NAME**

The name of the corporation shall be: The Oaks of Arcadia Condominium, Inc.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II **PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: 714 North Manatee Avenue, Unit 1, Arcadia, FL 34266.

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: To establish a condominium corporation for the purpose of conducting business in the name of the condominium corporation such as collection of condominium expenses, paying indebtedness of the corporation, and establishing bank accounts for the purposes of collecting and paying debts.

ARTICLE IV **MANNER OF ELECTION**

The manner in which the directors are elected or appointed: Majority vote of the owners of the condominium units.

ARTICLE V **INITIAL DIRECTORS AND/OR OFFICERS**

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

- ✓ Cherrie Hollingsworth, 714 North Manatee Avenue, Unit 1, Arcadia, FL 34266
- ✓ Cristin Wooten, 714 North Manatee Avenue, Unit 2, Arcadia, FL 34266
- ✓ Stephanie H. McAnly, 8100 Midnight Pass Road, Sarasota, FL 34242
- ✓ Eva Rose Spires, 714 North Manatee Avenue, Unit 4, Arcadia, FL 34266
- ✓ Seth Spires, 714 North Manatee Avenue, Unit 4, Arcadia, FL 34266

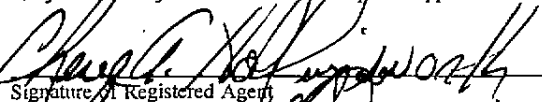
ARTICLE VI **INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Cherrie Hollingsworth, 714 North Manatee Avenue, Unit 1, Arcadia, FL 34266

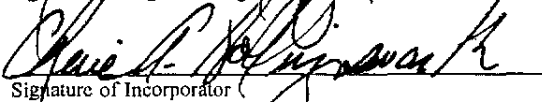
ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is: Cherrie Hollingsworth, 714 North Manatee Avenue, Unit 1, Arcadia, FL 34266.

Having been named as registered 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 of Registered Agent

May 17, 2005
Date


Signature of Incorporator

May 17, 2005
Date