N06000007025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. Shivers JUN 30 2006

COVER LETTER

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

SUBJECT: Viola Trace Homeowners 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 :

- [x] $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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FROM: Robert S. Rhinehart, CAM
Name (Printed or typed)

644 Capital Circle N.E.
Address

Tallahassee, FL 32301
City, State & Zip

850-878-3134
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:

Viola Trace Homeowners Association, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Executive Management Services Inc.
644 Capital Circle NE
Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Homeowners Association HOA
COMMON AREA MAINTENCE + EXTERIOR REPAIRE

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

In accordance with By-Laws and Covenants.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Peter S. Rosen, President
Christopher Connell, Secretary/Treasurer

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TALLAHASSEE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Robert S. Rhinehart, CAM
Executive Management Services, Inc.
644 Capital Circle, N.E.
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Robert S. Rhinehart, CAM
Executive Management Services, Inc.
644 Capital Circle, N.E.
Tallahassee, FL 32301

****

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/Registered Agent — Date: 6/29/06

Signature/Incorporator — Date: 6/29/06