

No7000003299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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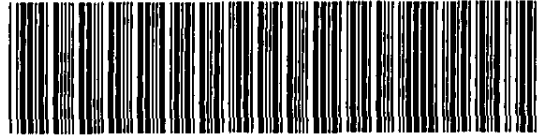
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2007 MAR 29 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.F. 3-30

## COVER LETTER

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

SUBJECT: ST. Andrews Towers Tenants, 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: Gloria J. Keith, President  
Name (Printed or typed)  
ST. Andrews Towers Tenants, Inc.  
24 Harrison Ave. Apt 210  
Address  
Panama City, FL 32401  
City, State & Zip  
850-215-7739 or 850-522-1006  
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)

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**ARTICLE I NAME**

The name of the corporation shall be:

*St. Andrews Towers Tenants, Inc.*

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**ARTICLE II PRINCIPAL OFFICE**

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

*24 Harrison Ave. Apt. 614  
Panama City, FL 32401*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*St. Andrews Towers Tenants, Inc. is a structured tenants incorporation organized to secure the percentage dollars from St. Andrews Towers LP monthly for the tenants fun and living assistance activities checker and agreed on by the tenants*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*In accord with Robert. of St. Andrews Towers Tenants Rules Standards, agreed with Inc. Tenants bylaws.*

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

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

*Gloria J. Keith 24 Harrison Ave., Apt. 210, Panama City, FL 32401  
Ruth Chancellor 24 Harrison Ave., Apt. 614, Panama City, FL 32401  
Cora Nell Kee 24 Harrison Ave., Apt. 706, Panama City, FL 32401*

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

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

*Gloria J. Keith Gloria J. Keith  
24 Harrison Ave. Apt. 210  
Panama City, FL 32401*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Gloria J. Keith 24 Harrison Ave. Apt 210  
Gloria J. Keith Panama City, FL 32401*

\*\*\*\*\*  
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.

*Gloria J. Keith*  
\_\_\_\_\_  
Signature/Registered Agent

*03-25-07*  
\_\_\_\_\_  
Date

*Gloria J. Keith*  
\_\_\_\_\_  
Signature/Incorporator

*03-25-07*  
\_\_\_\_\_  
Date