

N110000001742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

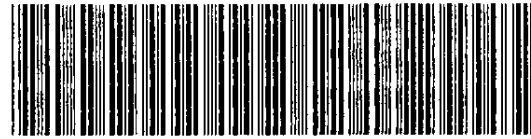
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Todd Long **ONE**
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 2/21/11
DOC. EXAM MRS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
2/21

COVER LETTER

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

SUBJECT: HERITAGE HILLS SUBDIVISION HOME 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 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: LEE ALLMAN
Name (Printed or typed)

502 C CAPITAL CIRCLE SE
Address

TALLAHASSEE, FL 32301
City, State & Zip

< 950 > 656-4663
Daytime Telephone number

LALLMAN@TURNERHERITAGE.COM
E-mail address: (to be used for future annual report notification)

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: HERITAGE HILLS SUBDIVISION HOME OWNERS ASSOCIATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
502-C CAPITAL CIRCLE SE
TALLAHASSEE, FLORIDA 32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGEMENT OF HERITAGE HILLS SUBDIVISION DECLARATION OF COVENANTS AND RESTRICTIONS FOR HOME OWNERS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: APPOINTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEE ALTMAN

Address: 502-C CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

Name and Title: _____

Address: _____

Name and Title: DAUG TURNER

Address: 502-C CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

Name and Title: _____

Address: _____

Name and Title: JOJO LAUGHLIN

Address: 502-C CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: JOJO LAUGHLIN

Address: 502-C CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DOUGLAS E. TURNER

Address: 502-C CAPITAL CIRCLE SE
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.

JOJO LAUGHLIN

Required Signature of Registered Agent

2-14-2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DOUGLAS E. TURNER

Required Signature of Incorporator

2-14-2011

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA