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COVER LETTER

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

J. 43 65°

SUBJECT: Manage Ment Corporation

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original	and one (1) copy of the A	rticles of Incorporation and	d 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	Name (onsohamor autsonu: 14 City Poyl 563-6	Printed or typed) Address Clorida State & Zip Telephone number	MELAHASSEROTLEMIJA	Learning & Linearing & Lineari

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION Pamona Park-Resident Management Corporation The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Mailing address if different is: Principal street addre The purpose for which the corporation is organized is. To work for the Provision of decent, Safe and Sanitary howing for defordable Low is income families. To relocated and Protect the interests of it's members and tennents. Of Low income howing known as victory pointe Appartments. To undertake any other Projects or Law the To Undertake and other grosens or Law for act vities BYLOWS **MANNER OF ELECTION** The manner in which the directors are elected and appointed: NITIAL OFFICERS AND/OR DIRECTORS ARTICLE V Name and Title Name and Title: Address: Address: Oke Z. Name and Title: Name and Title: Address: Address: (105 dr 2220) Name and Title: Sacges Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: totrice meson Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this eertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent I subjoil 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.

Required Signature of Incorporator