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TOLSONESS, H. 103004

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**COVER LETTER**

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

SUBJECT: FLORIDA ORLANDO DEVELOPMENT CORPORATION  
(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: THOMAS KORNEGAY  
Name (Printed or typed)

2133 WINTERMEDE POINTE DR.  
Address

WINTER GARDEN, FL. 34787  
City, State & Zip

407-398-6575 x 22  
Daytime Telephone number

TOMK@TEKONTROL.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: FLORIDA ORLANDO DEVELOPMENT CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
711 W. AMELIA STREET  
ORLANDO FL 32805

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

② FLORIDA ORLANDO DEVELOPMENT CORPORATION (A NOT FOR PROFIT ORGANIZATION) IS ORGANIZED TO SUPPORT THE NEEDS OF FLORIDA'S COMMUNITY DEVELOPMENT PROGRAMS THROUGH ADMINISTRATIVE CONTROLS, PROJECT MANAGEMENT FOR REAL ESTATE MANAGEMENT FOR COMMUNITY DEVELOPMENT

**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: THOMAS KORNEGAY / PRESIDENT Name and Title: \_\_\_\_\_  
Address: 2133 WINTERMERE POINTE DR. Address: \_\_\_\_\_  
WINTER GARDEN FL 34787

Name and Title: JIMMY RICKS / V.P. Name and Title: \_\_\_\_\_  
Address: 4250 BROAD CREEK LANE Address: \_\_\_\_\_  
JACKSONVILLE FL 32218

Name and Title: ROBBIN HAND / SEC-TREAS Name and Title: \_\_\_\_\_  
Address: 2787 CYPRESS HEAD TRAIL Address: \_\_\_\_\_  
ORLEDO FL 32765

**ARTICLE VI REGISTERED AGENT**

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

Name: THOMAS KORNEGAY  
Address: 711 W. AMELIA ST.  
ORLANDO FL 32805

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROBBIN HAND  
Address: 711 W. AMELIA ST  
ORLANDO FL 32805

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

Thomas Kornegay  
Thomas KORNEGAY Required Signature of Registered Agent

3/4/2011  
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.

Robbin Hand  
Robbin HAND Required Signature of Incorporator

3/4/2011  
Date