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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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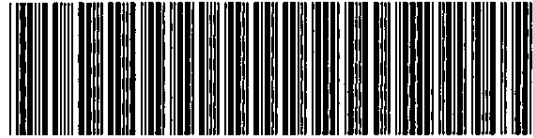
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

201/04/12

## COVER LETTER

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

SUBJECT: Suncoast Gateway 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: ALLEN B FALKMAN

Name (Printed or typed)

6050 EASY DRIVE

Address

PORT RICHEY, FL. 34668

City, State & Zip

727-375-3372

Daytime Telephone number

FALKMAN98@GMAIL.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:

**SUNCOAST GATEWAY HOME OWNERS ASSOCIATION, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6010 RIDGE ROAD  
PORT RICHEY, FL. 34668

Mailing address, if different is:  
ALLEN FALKMAN  
6050 EASY DRIVE  
PORT RICHEY, FL. 34668

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE PURPOSE IS TO FORM AN ASSOCIATION TO REPRESENT THE MAJORITY OF TH EHOME OWNERS IN SUNCOAST GATEWAY M.H.P.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

THE DIRECTORS WILL BE ELECTED EVERY TWO (2) YRS. BY A MAJORITY VOTE AS DISCRIBED IN OUR BYLAWS.

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

Name and Title: MS. DEE STILSON  
Address: 6035 EASY DRIVE  
PORT RICHEY, FL. 34668  
727-815-3526

Name and Title: MR. GILES TURK  
Address: 8340 HIRAM DRIVE  
PORT RICHEY, FL. 34668  
727-494-7467

Name and Title: MR. RALPH CHOFFEL  
Address: 6031 EASY DRIVE  
PORT RICHEY, FL. 34668  
727-849-0136

Name and Title: MS. DOT COTE  
Address: 8331 FLAXEN DRIVE  
PORT RICHEY, FL. 34668  
727-849-4462

Name and Title: MR. ALLEN B FALKMAN  
Address: 6050 EASY DRIVE  
PORT RICHEY, FL. 34668  
727-375-3372

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: MR. ALLEN B FALKMAN  
Address: 6050 EASY DRIVE  
PORT RICHEY, FL. 34668  
727-375-3372

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MR. ALLEN B FALKMAN  
Address: 6050 EASY DRIVE  
PORT RICHEY, FL. 34668

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



Required Signature of Registered Agent

12 / 29 / 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.



Required Signature of Incorporator

12 / 29 / 2011

Date

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TALLAHASSEE, FLORIDA