

N12000010043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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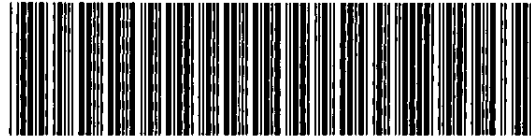
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 22 PM 2:06

10/23/12

COVER LETTER

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

SUBJECT: Los Altos Homeowner's 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: Robin Peterson
Name (Printed or typed)

15707 Altolinda Lane
Address

Tampa, FL 33624
City, State & Zip

813-833-7599
Telephone number

rmferna@gmail.com
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Los Altos Homeowner's Association, Inc.

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DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address
15705 Altolinda Ln
Tampa, FL 33624

Mailing address, if different: 15705 Altolinda Ln
Tampa, FL 33624

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Association shall operate, maintain and manage the common areas, and shall assist in the enforcement of the Declaration of Covenants and Restrictions which relate.

The Association shall levy and collect adequate assessments against members of the Association for the costs of operating of all the common area maintenance.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

The Directors are elected each year for a term of one (1) year by the membership.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mario Espallat, President
Address: 15705 Altolinda Ln
Tampa, FL 33624

Name and Title: Karim Allibhai, Treasurer
Address: 15706 Altolinda Ln
Tampa, FL 33624

Name and Title: Megan Nguyen, Vice President
Address: 15704 Altolinda Ln
Tampa, FL 33624

Name and Title: Robin Peterson, Secretary
Address: 15707 Altolinda Ln
Tampa, FL 33624

Name and Title: _____
Address: _____

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: Mario Espallat
Address: 15705 Altolinda Ln
Tampa, FL 33624

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robin Peterson
Address: 15707 Altolinda Lane
Tampa, FL 33624


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

10/18/12
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

10/17/12
Date