

N12000010293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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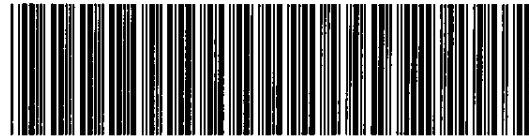
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
10/30/12

COVER LETTER

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

SUBJECT: Oaks of Edgew Homeowners 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: Chris Cioffi
Name (Printed or typed)

6881 Sable Ridge Lane
Address

Naples FL 34109
City, State & Zip

239-571-5560
Daytime Telephone number

cmc@gulfatlantictraders.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: Oaks of Eden Homeowners Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
300 5th Ave South
203-A
Naples, FL 34102

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to manage a 19 Lot subdivision
homeowners association in Walton County, FL.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed every
two years.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bruce Houle Pres.
Address: 300 5th Ave South
203-A
Naples, FL 34102

Name and Title: _____
Address: _____

Name and Title: Chris Cioffi Vice President
Address: 300 5th Ave South
203-A
Naples, FL 34102

Name and Title: _____
Address: _____

Name and Title: Ralph Cioffi Secretary
Address: 300 5th Ave South
203-A
Naples, FL 34102

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: Chris Cioffi
Address: 300 5th Ave South
203-A
Naples, FL 34102

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bruce Houle
Address: 300 5th Ave South
203-A
Naples, FL 34102

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

Chris Cioffi

Required Signature of Registered Agent

Chris Cioffi

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.

Bruce Houle

Required Signature of Incorporator

Bruce Houle

10/24/12

Date

10/24/12

Date

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TALLAHASSEE, FLORIDA