

N12000010552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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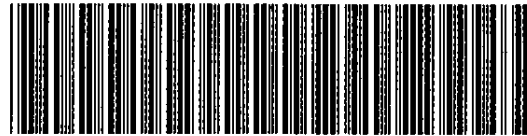
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV - 7 AM 11:35

JS 11/8/12

## COVER LETTER

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

SUBJECT: **Sterling Hill Community Watch Corp.**  
(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: **David A Chodzko**  
Name (Printed or typed)

**4695 Ayrshire Dr**  
Address

**Spring Hill, FL, 34609**  
City, State & Zip

**352-610-9881**  
Daytime Telephone number

**davidac@tampabay.rr.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)

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DIVISION OF CORPORATIONS

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**ARTICLE I NAME**

The name of the corporation shall be: STERLING HILL COMMUNITY WATCH CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4695 Ayrshire Dr. Spring Hill, FL, 34809

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To operate a Community Watch Group for the residents of Sterling Hill

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: ELECTED ANNUALLY BY VOTE OF PARTICIPATING RESIDENTS IN THE COMMUNITY WATCH GROUP

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

Name and Title: David A Chodzko - President

Address: \_\_\_\_\_

Name and Title: Finn Olsen - Director

Address: \_\_\_\_\_

Name and Title: Charles A Young - Treasurer

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Ken Kral - Director

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: David A Chodzko

Address: 4695 Ayrshire Dr

Spring Hill

Florida

34609

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David A Chodzko

Address: 4695 Ayrshire Dr

Spring Hill

Florida, 34609

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

11/05/2012  
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

11/05/2012  
Date