

N 13000000524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

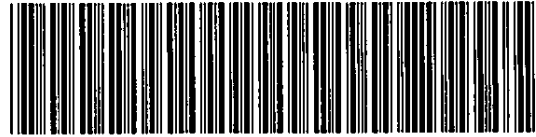
(Business Entity Name)

(Document Number)

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

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TALAMON, FLORIDA

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1/16/13

## COVER LETTER

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

SUBJECT: Whopper will Hill 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:

DARRELL MORROW  
Name (Printed or typed)

5135 EW REEVES Rd  
Address

TALLAHASSEE FL 32305  
City, State & Zip

850-575-4898  
Daytime Telephone number

DARRELL.MORROW@DEO.MYFLORIDA.COM  
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS  
JAN 13 2006

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Whooperwill Hill Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5135 Ew Reeves Rd  
TALLAHASSEE FL  
32305

13 JAN 16 PM 1:06  
Mailing address, if different is:

**ARTICLE III PURPOSE**

To operate a Homeowners Association  
The purpose for which the corporation is organized is: PER FEDERAL FORESTRY I MUST  
HAVE Homeowners INC. to GAIN A LEGAL DRIVEWAY  
ACCESS to Access my property through the National Forest.

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

AS stated in the Bylaws

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

Name and Title: DARRELL MORROW (P)  
Address: 5135 Ew Reeves Rd  
TALLAHASSEE  
FLORIDA 32305

Name and Title: Liz Morrow (P)  
Address: 5135 Ew Reeves Rd  
TALLAHASSEE  
FLORIDA 32305

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

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

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: DARRELL MORROW  
Address: 5135 Ew Reeves Rd  
TALL FL 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DARRELL MORROW  
Address: 5135 Ew Reeves Rd  
TALL FL 32305

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

Darrell Morrow  
Required Signature of Registered Agent

1-16-13  
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.

Darrell Morrow  
Required Signature of Incorporator

1-16-13  
Date