

N1300 00 01672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

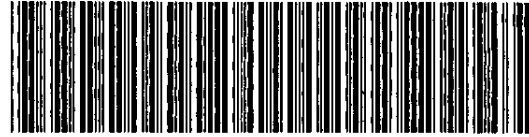
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. Shivers FEB 20 2013

## COVER LETTER

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

**SUBJECT:** Hillside Angels, 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:** Robert L. McLeod II

Name (Printed or typed)

1200 Plantation Island Drive, Suite 140

Address

St. Augustine, FL 32080

City, State & Zip

904-471-5007

Daytime Telephone number

mmcleod@themcleodfirm.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: Hillside Angels, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
1200 Plantation Island Drive, Suite 140  
St. Augustine, FL 32080

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: to assist in making capital improvements, repair and  
upkeep to historic Hillside Cemetery in Ormond Beach, Florida.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_  
by majority of the members.

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

Name and Title: Jimmy Foster, President  
Address: 59 Bosarvey Circle  
Ormond Beach, FL 32176

Name and Title: Barbara Foster  
Address: 59 Bosarvey Circle  
Ormond Beach, FL 32176

Name and Title: Sandy Rassmeyer, VP and Treasurer  
Address: 421 Ocean Shore  
Ormond Beach, FL 32176

Name and Title: Pat McLeod  
Address: 116 Ellicot Drive  
Ormond Beach, FL 32176

Name and Title: Connie Treloar, Secretary  
Address: 30 Bosarvey Circle  
Ormond Beach, FL 32176

Name and Title: Helen Chandler  
Address: 4325 S. Atlantic Ave  
Ponce Inlet, FL 32127

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TALLAHASSEE, FLORIDA

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Name and Title:	<u>Norma McDonald</u>	Name and Title:	<u>Carol Akers</u>
Address	<u>401 Triton Road</u> <u>Ormond Beach, FL 32176</u>	Address:	<u>305 N. Beach Street</u> <u>Ormond Beach, FL 32174</u>
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Robert L. McLeod II  
 Address: 1200 Plantation Island Dr., #140  
St. Augustine, FL 32080

**ARTICLE VII INCORPORATOR**

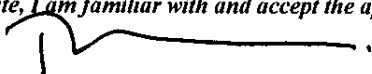
The name and address of the Incorporator is:

Name: Robert L. McLeod II  
 Address: 1200 Plantation Island Dr., #140  
St. Augustine, FL 32080

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 TALLAHASSEE FLORIDA

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*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

2/14/18  
 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

2/14/18  
 Date