

N14000001905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

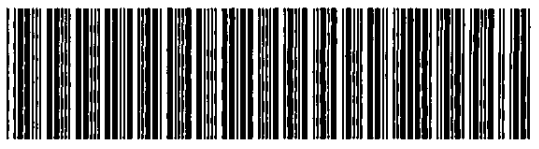
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000256039290

01/31/14--01013--019 **78.75

FILED
SEC. OF STATE
DIV. OF CORPORATIONS
14 FEB 24 PM 3:20

2544-
W14000008258

of 2/26/14

COVER LETTER

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

SUBJECT: Oak Springs 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: Oak Springs Homeowners Association
Name (Printed or typed)

810 Wayne Ave

Address

Altamonte Springs, FL 32701

City, State & Zip

407-290-8997

Daytime Telephone number

jsmikesell@gmail.com

E-mail address: (to be used for future annual report notification)

FILED
DEPT. OF STATE
DIVISION OF CORPORATIONS
14 FEB 24 PM 3:20

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



RECEIVED

14 FEB 24 AM 11:03

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

February 7, 2014

OAK SPRINGS HOMEOWNERS ASSOCIATION
810 WAYNE AVENUE
ALTAMONTE SPRINGS, FL 32701

SUBJECT: OAK SPRINGS HOMEOWNERS ASSOCIATION, INC
Ref. Number: W14000008258

We have received your document for OAK SPRINGS HOMEOWNERS ASSOCIATION, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity call (850) 245-6059 for information) or designate another entity that is active according to our records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 614A00002856

FILED
STATE DEPT OF STATE
DIVISION OF CORPORATIONS
14 FEB 24 PM 3:20

ARTICLES OF INCORPORATION

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

Oak Springs of Altamonte HOA, Inc
Oak Springs Homeowners Association, Inc

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address:
810 Wayne Ave
Altamonte Springs, Fl 32701

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The association does not intend to gain or profit from the members but to manage the association as to its bylaws, and provide for maintenance, preservation and architectural control of the residence lots, park and common areas. The association does hold the right to fix, levy, collect and enforce payment by any lawful means, all charges or assessments pursuant to the terms of the HOA agreement.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By a 51% or more vote of the members of the association by votes cast or by proxy.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: George Painton/President Name and Title: _____
Address: 786 Wayne Ave Address: _____
Altamonte Springs, Fl 32701

Name and Title: Nancy Larkin/~~Vice President~~ Secretary Name and Title: _____
Address: 793 Wayne Ave Address: _____
Altamonte Springs, Fl 32701

Name and Title: Sharon Stitely/Treasurer Name and Title: _____
Address: 791 Wayne Ave Address: _____
Altamonte Springs, Fl 32701

FILED
STATE
INCORPORATIONS
14 FEB 24 PM 3:20

SECRET
DIVISION
FILED
DEPT. OF STATE
CORPORATIONS
14 FEB 24 PM 3:20

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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:

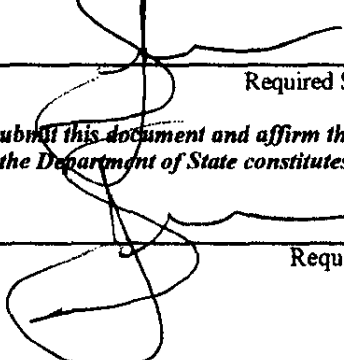
Name: Reliable Tax Service LLC *Reliable Tax Service Orlando LLC*
Address: 6500 W. Colonial Dr. Ste. B
Orlando, FL 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffrey Mikesell/Reliable Tax Service LLC *Reliable Tax Service Orlando LLC*
Address: 6500 W. Colonial Dr. Ste. B
Orlando, FL 32818

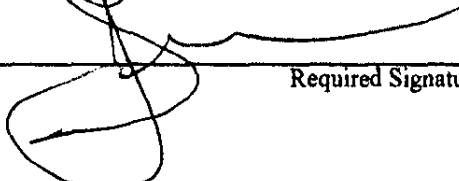
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

1-14-14
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

1-14-14
Date