

N14000605042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

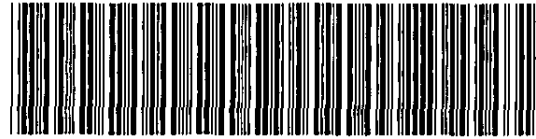
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SECRETARY OF STATE
DIVISION OF CORPORATE & BUS
14 MAY 29 AM 11:51

COVER LETTER

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

SUBJECT: Rialto Pointe HOA, 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: Jeff Lazar
Name (Printed or typed)

311 Caloosa Est Dr.
Address

LaBelle, FL 33935
City, State & Zip

863-675-2392
Daytime Telephone number

Terrylazar1@gmail.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: Rialto Pointe HOA, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

311 Caloosa Est. Dr.

La Belle, FL 33935

Mailing address, if different is:

PO Box 2275

La Belle, FL 33975

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Home Owners Association

Non Profit

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Majority vote
of members - Each lot owner has one vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeff Lazar

Address

PO Box 2275

La Belle, FL 33975

Name and Title: _____

Address: _____

Name and Title: Harold Lazar

Address

1340 Ivan Rd.

La Belle, FL 33935

Name and Title: _____

Address: _____

Name and Title: Peter Trepper

Address

3298 N. Hill Court

Middle Town, MD 21769

Name and Title: _____

Address: _____

14 MAY 29 AM 11:51

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Teff Lazar

Address: 311 Caloosa Est. Dr.

LaBelle, FL 33995

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Teff Lazar

Address: 311 Caloosa Est Dr.

LaBelle, FL 33935

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

Teff Lazar 5-20-2014
Required Signature of Registered Agent

4-28-2014
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.

Teff Lazar 5-20-2014
Required Signature of Incorporator

4-28-2014
Date

12 MAY 29 AM 11:51
DIVISION OF CORPORATE & FINANCIAL SERVICES
FLORIDA DEPARTMENT OF STATE