

N/4000005124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

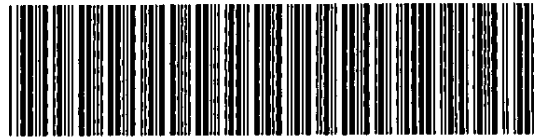
(Business Entity Name)

(Document Number)

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BUREAU OF ORGANIZATION
2014 JUN -2 AM 8:53
TALLAHASSEE, FLORIDA

06/03/14

COVER LETTER

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

SUBJECT: Tallahassee Chapter of the National Association of Residential Property Managers, 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:

Tina Goff
Name (Printed or typed)

Sunshine Corporate
Address

PLU

City, State & Zip

508-1891

Daytime Telephone number

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: Tallahassee Chapter of the National Association of Residential Property Managers, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1363 East Lafayette Street, Suite C

Tallahassee, Florida, 32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purposes for which the organization is established are to:

1. Establish a permanent trade association in the residential property management industry
2. To promote a standard of business ethics, professionalism and fair practices among it's members
3. To establish and promote education of its members
4. To provide and promote an exchange of ideas regarding residential property management
5. To educate and promote legislative initiative

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elections shall be held in the last regularly scheduled chapter meeting or electronically, if approved by the chapter executive committee, prior to the end of the calendar year.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karlus Henry, President Name and Title: Karen Williams, Secretary

Address: 1363 East Lafayette Street, Suite C (Address): PO Box 535
Tallahassee, Florida, 32301 (Address): Crawfordville, FL 32326

Name and Title: Sharon Gilbert, Secretary Name and Title: Lillian Jack, Treasurer

(Address): 2418-1 Millcreek Court (Address): 400 Capitol Circle SE, #18235
Tallahassee, FL 32308 (Address): Tallahassee, FL 32301

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
TALLAHASSEE, FLORIDA

14 JUN -2 AM 8:55

FILED
JUN 14 2014

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: Registered Agent Solutions, Inc.

Address: 155 Office Plaza Dr. Suite A
Tallahassee, FL 32301

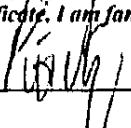
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Karlus Henry

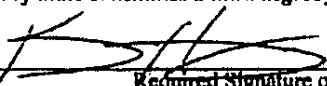
Address: 1363 East Lafayette Street, Suite C
Tallahassee, Florida, 32301

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

6/2/14
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.817.135, F.S.


Required Signature of Incorporator

5/29/14
Date

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JUN 2 2014
TALLAHASSEE, FLORIDA

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