

N14000009199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

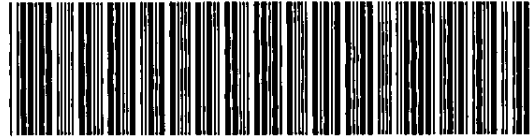
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/22/14--01027--011 \*\*78.75

W14-58310

10/06/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 OCT -3 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 23, 2014

W. WM. ELLSWORTH, JR.  
P O BOX 7667  
LAKELAND, FL 33807-7667

SUBJECT: MAGNOLIA MANOR VILLAGE PROPERTY OWNERS'  
ASSOCIATION, INC.  
Ref. Number: W14000058310

We have received your document for MAGNOLIA MANOR VILLAGE PROPERTY OWNERS' 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

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

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 014A00020415

*W. Wm. Ellsworth, Jr.*  
*Counsellor at Law*

*P O Box 7667*  
*Lakeland, Florida 33807-7667*  
*(863) 644-9197*  
*Fax: (863) 644-2785*

September 18, 2014

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

Re: Filing - Articles of Incorporation  
Magnolia Manor Village Property Owners' Association, Inc. (a corporation not for profit)

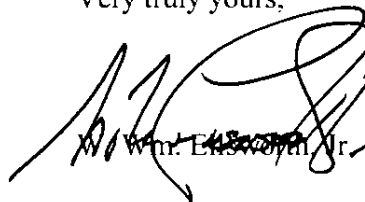
Gentlemen:

Enclosed is the original and one copy of the Articles of Incorporation of this proposed Corporation. Please endorse your approval on a certified copy and return to this office in the postage paid envelope enclosed.

Also enclosed is a check in the amount of \$78.75 to cover the filing fee of \$35; the Certificate of Registered Agent for Service of Process fee of \$35.00 and the fee for a Certified Copy of Articles of Incorporation of \$8.75 (\$8.75 for 7 pages).

Thank you for your assistance in this matter.

Very truly yours,



W. Wm. Ellsworth, Jr.

## COVER LETTER

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

SUBJECT: MAGNOLIA MANOR VILLAGE PROPERTY OWNERS' 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: Mark A. Hulbert  
Name (Printed or typed)

464 West Pipkin Road, Suite 1  
Address

Lakeland, FL 33813  
City, State & Zip

(863) 647-5815  
Daytime Telephone number

MLHulbert@aol.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: MAGNOLIA MANOR VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

4604 West Pipkin Road, Suite 1  
Lakeland, FL 33813

Mailing address, if different is:

P.O. Box 6254  
Lakeland, FL 33807

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: property owners' association for  
Magnolia Manor Village Subdivision as recorded in Official  
Record Book 9342, Pages 481-484, Public Records of  
Polk County, Florida.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: by  
majority vote.

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

Name and Title: Mark A. Hulbert, President

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

Address

4604 West Pipkin Road, Ste 1  
Lakeland, FL 33813

Address: \_\_\_\_\_

Name and Title: Linda D. Hulbert, Vice President

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

Address

4604 West Pipkin Road, Ste 1  
Lakeland, FL 33813

Address: \_\_\_\_\_

Name and Title: Jessica M. Hall - Secretary /  
Treasurer

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

Address

4604 West Pipkin Road, Ste 1  
Lakeland, FL 33813

Address: \_\_\_\_\_

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: Mark A. Hulbert

Address: 464 West Pipkin Road, Suite 1  
Lakeland, FL 33813

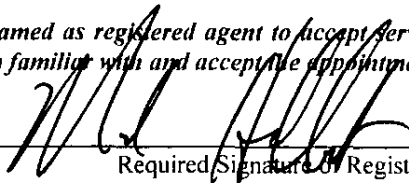
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mark A. Hulbert

Address: 464 West Pipkin Road, Suite 1  
Lakeland, FL 33813

*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*

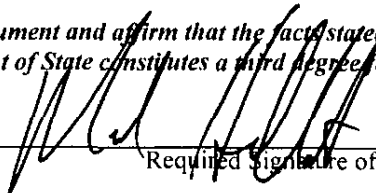


Required Signature of Registered Agent

9/30/2014

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.*



Required Signature of Incorporator

9/30/2014

Date