

NH000011093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

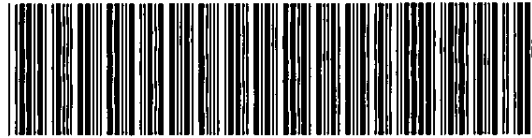
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SUPREME COURT

12/5/14

12/1/14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC -5 AM 10:36

COVER LETTER

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

SUBJECT: Florida Community Validation
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
Council, INC.

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 Rhinehart
Name (Printed or typed)

P.O. Box 13089
Address

Tall, FL 32317
City, State & Zip

850. 878. 3134
Daytime Telephone number

ems@ems-fl.biz
E-mail address: (to be used for future annual report notification)

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

eff. 1/1/15

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

ARTICLE I NAME

The name of the corporation shall be: Florida Community Validation Council, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1644 Cap. Cir. NE
Tallahassee, FLORIDA
32317

Mailing address, if different is:

PO Box 13089
Tallahassee, FLORIDA 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

certify & validate that
Condominium owners are in compliance
with state laws. ~~etc~~

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
DEC - 5 AM 10:36

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed
by owner and president.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President Name and Title: _____

Address: Robert S. Rhinehart Address: _____

PO Box 13089

Tallahassee, Florida 32317

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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:

Robert S. Rhinehart

Address:

644 Capital Circle NE

Tallahassee, Florida 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Robert S. Rhinehart

Address:

PO Box 13089

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:

Robert S. Rhinehart

Required Signature of Registered Agent

Dec 5, 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.

Robert S. Rhinehart

Required Signature of Incorporator

Dec 5, 2014

Date

ARTICLE VIII :

EFFECTIVE DATE JANUARY 01, 2015