

N/15000004976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

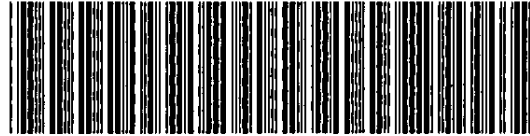
(Document Number)

Certified Copies _____ Certificates of Status _____

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04/30/15--01013--013 **70.00

FILED
15 MAY 18 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 19 2015
S. GILBERT

COVER LETTER

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

Tiffany Oaks of Christina Homeowners Association Inc.

SUBJECT: _____
(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 McRae

Name (Printed or typed)

6930 Tiffany Oaks Drive

Address

Lakeland, FL 33813

City, State & Zip

407-484-7004

Daytime Telephone number

themcraes4@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 MAY 18 PM 3:58

SEVENTH FLOOR
TALLAHASSEE, FLORIDA

May 6, 2015

MARK MCRAE
6930 TIFFANY OAKS DRIVE
LAKE LAND, FL 33813

SUBJECT: TIFFANY OAKS CHRISTINA HOMEOWNERS ASSOCIATION INC.
Ref. Number: W15000032216

We have received your document for TIFFANY OAKS CHRISTINA HOMEOWNERS ASSOCIATION INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 915A00009474

Sylvia - Per our telephone conversation of 5/14/15, I added the comments under Purpose as you directed and am returning to you. Thank you.
Mal

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

ARTICLE I NAME

The name of the corporation shall be: Tiffany Oaks of Christina Homeowners Association Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
6930 Tiffany Oaks Drive

Lakeland, Fl 33813

Mailing address, if different:

FILED
15 MAY 18 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Pay bills and manage business of six family homes in the
Tiffany Oaks Subdivision. NON-PROFIT CHARITABLE ORGANIZATION. mm

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
Majority of homeowners at a special meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark McRae, President

Address: 6930 Tiffany Oaks Drive

Lakeland, Fl 33813

Name and Title: Robert May, Director

Address: 6935 Tiffany Oaks Drive

Lakeland, Fl 33813

Name and Title: David Dodd, Director

Address: 6955 Tiffany Oaks Drive

Lakeland, Fl 33813

Name and Title: _____

Address: _____

Name and Title: _____

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 McRae
Address: 6930 Tiffany Oaks Drive
Lakeland, FL 33813

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

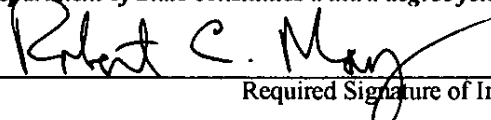
Name: Robert May
Address: 6935 Tiffany Oaks Drive
Lakeland, FL 33813

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

3/12/15
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

3/12/15
Date