

N15000007028

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

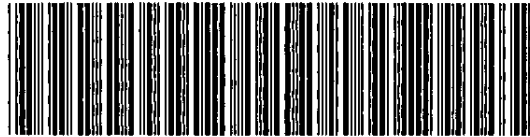
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(Document Number)

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

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WLB-45558

Office Use Only



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06/29/15--01016--025 \*\*78.75

APPROVED  
AND  
FILED

15 JUL 17 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

121

## COVER LETTER

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

**SUBJECT:** BAYOU CHICO BOATHOUSE ASSOCIATION  
(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:** MARY A VROOMAN  
Name (Printed or typed)

500 S. PALAFOX ST., SUITE 200  
Address

PENSACOLA, FL 32502  
City, State & Zip

850-456-7401  
Daytime Telephone number

MARYV@TWALIFE.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

July 7, 2015

MARY A VROOMAN  
500 S. PALAFOX ST., SUITE 200  
PENSACOLA, FL 32502

SUBJECT: BAYOU CHICO BOATHOUSE ASSOCIATION  
Ref. Number: W15000045558

We have received your document for BAYOU CHICO BOATHOUSE ASSOCIATION 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 215A00014064

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

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: BAYOU CHICO BOATHOUSE ASSOCIATION, CORP

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
500 S. PALAFOX ST

SUITE 200

PENSACOLA, FL 32502

Mailing address, if different from principal office:  
P. O. BOX 4847

PENSACOLA, FL 32507

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: HOMEOWNERS ASSOCIATION

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: AS PROVIDED  
FOR IN THE BYLAWS

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

Name and Title:	<u>MARILYN HESS    PRESIDENT</u>	Name and Title:	_____
Address	<u>500 S PALAFOX ST</u>	Address:	_____
	<u>SUITE 200</u>		_____
	<u>PENSACOLA, FL 32502</u>		_____
Name and Title:	<u>MARY VROOMAN    TREASURER</u>	Name and Title:	_____
Address	<u>500 S PALAFOX ST</u>	Address:	_____
	<u>SUITE 200</u>		_____
	<u>PENSACOLA, FL 32502</u>		_____
Name and Title:	<u>CASEY BOBE    SECRETARY</u>	Name and Title:	_____
Address	<u>500 S PALAFOX ST</u>	Address:	_____
	<u>SUITE 200</u>		_____
	<u>PENSACOLA, FL 32502</u>		_____

APPROVED  
AND  
FILED

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

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

Address \_\_\_\_\_

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

15 JUL 17 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: MARY A VROOMAN  
Address: 500 S. PALAFOX ST, SUITE 200  
PENSACOLA, FL 32502

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: MARY A VROOMAN  
Address: 500 S PALAFOX ST., SUITE 200  
PENSACOLA, FL 32502

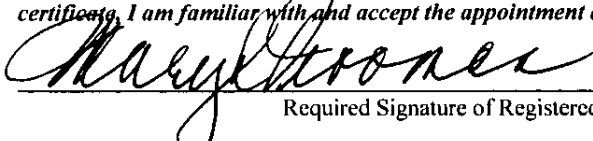
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/01/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

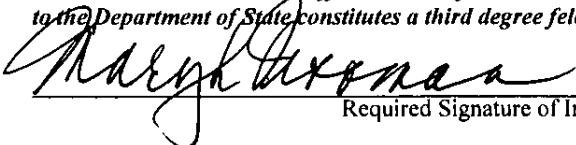
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

JUNE 16, 2015

\_\_\_\_\_  
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

JUNE 16, 2015

\_\_\_\_\_  
Date