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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

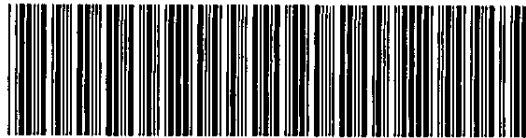
(Business Entity Name)

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COVER LETTER

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

SUBJECT: CRYSTAL HILLS III, 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: LIZANDRA REYES
Name (Printed or typed)

2708 SW 14th DRIVE
Address

DEERFIELD BEACH, FLORIDA 33442
City, State & Zip

561-212-6983
Daytime Telephone number

lilicareyes@hotmail.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: CRYSTAL HILLS III, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1001 NW 45th STREET
DEERFIELD BEACH, FL 33064

Mailing address, if different is:
2708 SW 14th DRIVE
DEERFIELD BEACH, FL 33442

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO MANAGE AND OPERATE A CONDOMINIUM ASSOCIATION

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ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ANNUAL VOTE OF

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID CHESTERS (PRESIDENT) Name and Title: _____
Address: 5321 NE 18th AVE # 1 Address: _____
FT LAUDERDALE, FL 33334

Name and Title: LIZANDRA REYES (SECRETARY) Name and Title: _____
Address: 2708 SW 14th DRIVE Address: _____
DEERFIELD BEACH, FL 33442

Name and Title: SCOTT CLINEMAN (DIRECTOR) Name and Title: _____
Address: 1001 NW 45th STREET #3 Address: _____
DEERFIELD BEACH, FL 33064

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TALLAHASSEE, FLORIDA
15 AUG 10 PM 1:13

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: DAVID CHESTERS

Address: 5321 NE 18th AVE #1

FT LAUDERDALE, FL 33334

ARTICLE VII INCORPORATOR

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

Name: LIZANDRA REYES

Address: 2708 SW 14th DRIVE

DEERFIELD BEACH, FL 33442

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

David Chesters
Required Signature of Registered Agent

8/5/15
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.

Lizandra Reyes
Required Signature of Incorporator

8/5/15
Date