

N150000011321

\_\_\_\_\_  
(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:

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11/06/15--01001--008 \*\*87.50

15 NOV 25 PM 3:35  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE 13TH JUDICIAL CIRCUIT  
IN FLORIDA

1115-74873

MD 11/30

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

SUBJECT: OLIVIA MEADOWS CONDOMINIUM ASSOCIATION, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

NON-PROFIT

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: BEN HARRISON  
Name (Printed or typed)

827 WHITE ST.  
Address

KEY WEST FL 33040  
City, State & Zip

305 294-0609  
Daytime Telephone number

BENHARRISONKW@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

November 16, 2015

BEN HARRISON  
827 WHITE ST.  
KEY WEST, FL 33040

SUBJECT: OLIVIA MEADOWS CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: W15000074873

We have received your document for OLIVIA MEADOWS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 115A00024102

**ARTICLE I NAME**

The name of the corporation shall be: OLIVIA MEADOWS CONDOMINIUM ASSOCIATION, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

1331 DUNCAN ST.

KEY WEST, FL 33040

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THE PURPOSE OF THIS NON-PROFIT CORPORATION IS TO MANAGE THE MAINTENANCE, FISCAL MANAGEMENT AND OPERATION OF THE CONDOMINIUM PROPERTY AS SET FORTH IN THE BYLAWS.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: THE METHOD OF ELECTION OF DIRECTORS IS AS STATED IN THE BYLAWS

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

Name and Title: PETER WILLIAMS, PRES. Name and Title: \_\_\_\_\_

Address: 1331 DUNCAN ST. Address: \_\_\_\_\_  
KEY WEST, FL 33040

Name and Title: MARCIA ROCK, V.P. Name and Title: \_\_\_\_\_

Address: 100 BLEECKER ST. Address: \_\_\_\_\_  
NY, NY 10012

Name and Title: EDDIE STANDITER Name and Title: \_\_\_\_\_

Address: 1513 SOUTH ST. Address: \_\_\_\_\_  
KEY WEST, FL 33040

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: \_\_\_\_\_

PETER WILLIAMS

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

1331 DUNCAN ST.

KEY WEST, FL 33040

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

BEN HARRISON

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

827 WHITE ST.

KEY WEST, FL 33040

**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*

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

\_\_\_\_\_  
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

\_\_\_\_\_  
Date