

N15000011768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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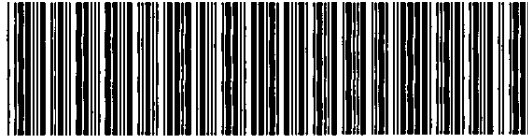
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: LOT 89, BLOCK 275, UNIT 13 HOMEOWNERS' ASSOCIATION, 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: F. RICHARD BOUCHARD

Name (Printed or typed)

6218 MATANZAS DR.

Address

SEBRING, FLORIDA 33872

City, State & Zip

(863) 314-0782

Daytime Telephone number

BOUCHA1364@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: LOT 89, BLOCK 275, UNIT 13 HOMEOWNERS' ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
6218 MATANZAS DR.

SEBRING, FL 33872

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: COLLECT QUARTERLY FEES FROM THE THREE HOUSEHOLDS

LOCATED IN THE BUILDING FOR THE PURPOSE OF MAINTAINING THE EXTERIOR OF THE BUILDING AND THE
LAND ON WHICH SAID BUILDING IS LOCATED.

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

MAJORITY VOTE, ONE VOTE FOR EACH PROPERTY IN THE ASSOC,

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: F. RICHARD BOUCHARD Name and Title: _____
PRESIDENT, TREASURER

Address 6218 MATANZAS DR. Address: _____
SEBRING, FL 33872

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: F. RICHARD BOUCHARD
Address: 6218 MATANZAS DR.
SEBRING, FL 33872

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: F. RICHARD BOUCHARD
Address: 6218 MATANZAS DR.
SEBRING, FL 33872

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

F. Richard Bouchard
Required Signature of Registered Agent

DEC. 2, 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.

F. Richard Bouchard
Required Signature of Incorporator

DEC. 2, 2015
Date