

N16000005128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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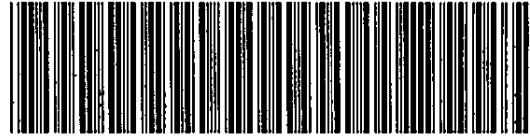
(Business Entity Name)

(Document Number)

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16 MAY 16 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/H

COVER LETTER

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

SUBJECT: Hampton Terrace Community 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: Brian D. Frey

Name (Printed or typed)

1224 E. Clifton Street

Address

Tampa, FL 33604

City, State & Zip

404-558-5692

Daytime Telephone number

brianfrey1002@gmail.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: Hampton Terrace Community Association, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
1224 E Clifton Street

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Tampa, FL 33604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to foster neighborhood growth, awareness, and community

by sponsoring and producing events and projects that encourage active participation among residents and promote safety and security.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: via ballot annually.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian D. Frey- President

Name and Title: Bill Truett- Vice President

Address 1224 E Clifton Street

Address: 1005 E Clifton Street

Tampa, FL 33604

Tampa, FL 33604

Name and Title: Michelle Benningfield- Secretary

Name and Title: _____

Address 913 E Hanna Ave

Address: _____

Tampa, FL 33604

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: Brian D. Frey

Address: 1224 E Clifton Street
Tampa, FL 33604

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian D. Frey

Address: 1224 E Clifton Street
Tampa, FL 33604

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

May 14th 2016

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

May 14th 2016

Date