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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Crawfordville Trace 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: Forshandia Coleman
Name (Printed or typed)

4422 Anastasia Ct.
Address

Tallahassee, FL 32305
City, State & Zip

850-491-3925
Daytime Telephone number

Forshandia@yahoo.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: Crawfordville Trace Home Owners Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4415 Anastasia Court
Tallahassee Fl 32305

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide for the preservation
of the values, amenities, attractiveness, and desirability
of real property known as Crawfordville Trace
located in Leon County Florida.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Referred
to in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Georgia Coley - President Name and Title: Byron Thomas - Secretary

Address: 4415 Anastasia Court Address: 4426 Anastasia Court
Tallahassee Fl Tallahassee Fl. 32305
32305

Name and Title: Brenda Jackson - V. President Name and Title: _____

Address: 4424 Anastasia Court Address: _____
Tallahassee Fl 32305

Name and Title: Fashondia Coleman - Treasure Name and Title: _____

Address: 4422 Anastasia Court Address: _____
Tallahassee Fl 32305

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 FEB - 7 AM 10:37

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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: Georgia M. Coley
Address: 4415 Anastasia Court
Tallahassee FL 32305

ARTICLE VII INCORPORATOR

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

Name: Georgia M. Coley
Address: 4415 Anastasia Court
Tallahassee FL 32305

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 days prior or 90 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

Georgia Mac Coley
Required Signature of Registered Agent

2/7/17
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.

Georgia Mac Coley
Required Signature of Incorporator

2/7/17
Date