

N17000006690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

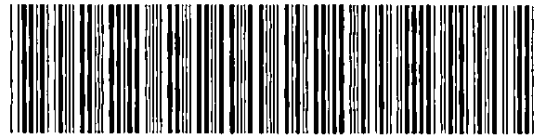
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



800300664038

06/26/17--01001--007 **70.00

17
JUN 23 PM 3:55

M MOON
JUN 23 2017

17 57301

COVER LETTER

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

SUBJECT: BULL RUN MASTER RESIDENTIAL 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: DANIEL E. MANAUSA, ESQ.

Name (Printed or typed)

1701 HERMITAGE BLVD. SUITE 100

Address

TALLAHASSEE, FL 32308

City, State & Zip

(850) 597-7616

Daytime Telephone number

HIOAM@EMBARQMAIL.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: BULL RUN MASTER RESIDENTIAL ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1415 EAST PIEDMONT DR.

SUITE 3

TALLAHASSEE, FL 32308

Mailing address, if different is:
1415 EAST PIEDMONT DR.

SUITE 3

TALLAHASSEE, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO MANAGE HOMEOWNERS ASSOCIATION PROPERTY.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____
As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BYRON B. BLOCK/ PRESIDENT

Address: 1415 EAST PIEDMONT DR., SUITE 3
TALLAHASSEE, FL 32308

Name and Title: BYRON B. BLOCK/ VP & TREAS.

Address: 1415 EAST PIEDMONT DR., SUITE 3
TALLAHASSEE, FL 32308

Name and Title: ELAINE HEBENTHAL/ SECRETARY

Address: 1415 EAST PIEDMINT DR., SUITE 3
TALLAHASSEE, FL 32308

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: MARIE EDDY
Address: 1990 VILLAGE GREEN WAY, SUITE 2
TALLAHASSEE, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BYRON B. BLOCK
Address: 1415 EAST PIEDMONT DR., SUITE 3
TALLAHASSEE, FL 32308

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

Marie Eddy
Required Signature of Registered Agent

6/22/17
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.

Byron B. Block
Required Signature of Incorporator

6/22/17
Date