

N17000011042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

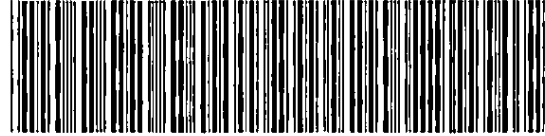
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TALLAHASSEE, FLORIDA

17 81378

COVER LETTER

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

SUBJECT: TWIN LAKES AT PANAMA CITY BEACH 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: Frances Casey Lowe
Name (Printed or typed)

68-A Feli Way
Address

Crawfordville, FL 32327
City, State & Zip

850-926-8245
Daytime Telephone number

francie@francelowe.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA
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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Twin Lakes at Panama City Beach Homeowners Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
91 W. Wieuca Road, Building A, Suite 2000

Atlanta, Georgia 30342

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Maintain and repair the common driveways, shared natural landscape surrounding the homes and shared signage, if any; as well as assist and cooperate with the installation and service of utilities for the three residential units.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By unanimous vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scenic Highway Partners, LLC / Director

Address: 91 W. Wieuca Road, Bldg. A, Ste. 2000

Atlanta, GA 30342

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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FILED
OFFICE OF STATE
SECRETARY
FLORIDA

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: Frances Casey Lowe

Address: 68-A Feli Way

Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Frances Casey Lowe

Address: 68-A Feli Way

Crawfordville, FL 32327

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


Required Signature of Registered Agent

11/02/17

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.


Required Signature of Incorporator

11/02/17

Date

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