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COVER LETTER

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

SUBJECT: S Blackes CASA BellA Londo CWNERS ASSOCIATION, JAC.

osed is an original and S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate		
FROM: Jennifer McCaffrey Name (Printed or typed) of 124 11th Avenue South (unit ()) Address Unit () Jacksonville Beach, fl City, State & Zip Pot-813-6282 Daytime Telephone number					

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

	ARTICLES OF INCO In compliance with Chapter 617.	, F.S., (Not for Profit)	owners
ARTICLE I . NAME The name of the corporation shall be: _	S. Beaches	CASa Bella	Condo Association, J
ARTICLE II PRINCIPAL OFFIC			/\
Principal <u>street</u> addr 12411 H. Av	ess: 2 South	Mailing address, if diffe	erent is:
JACKSONVIlle S	nay fl	UnitC	
	32250	JACKOONUI	e Black + C 3225
ARTICLE III PURPOSE The purpose for which the corporation	is organized is: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	e a 3 unit	1 Plujet CUAP
The owner of e	ack unit Will Se	ive so a Directo	l c
	2006 15 organiz		
~-	er as discribed,		
			min detector the Ass
ARTICLE IV MANNER OF ELEC	The manner in which the MING Syla	directors are elected and appointed $AVS = AS \rho rov_i$	de cy bylows
Name and Title: Jennie M ^Q Address 12 4 11 M Writ C Day	KUNVIIIC BL FL	JACKSUNUILLE	Buth Unit A But fl 322 10
Name and Title De Manie Address 124 11th F	3250 Name and T	Title: Michael Sz (Birector) 124/1th Auc	south, unit B
JACKsonville	By fl 32250		Buy FL 3227
Name and Title:	Name and T	itte:	
Address	anier Michael one		9 :: To
Aniba	Variable Vine	1	

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 acce Name: Jenn Re M Caffring Address: 124 //th Ave S. a Dax B.M., FL 3:22.	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	000 000 000 000 000 000 000 000 000 00
Name: Jennifer McCAFFA Address: 124 // Ave JACKSUNVILLE BL	Sunh; UnitC
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific an	. (OPTIONAL) nd 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 a document's effective date on the Department of State's reco	pplicable statutory filing requirements, this date will not be listed as the ords.
certificate. I am familiar with and accept the appointment	· · · · · · · · · · · · · · · · · · ·
Required Signature of Registered	Agent Date
	ein are true. I am aware that any false information submitted in a document as provided for in s.817.155, F.S.