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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:]

Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2017

TODD V. MACKEY 3160 S. FALKENBURG ROAD RIVERVIEW, FL 33578

SUBJECT: SANDHILL RIDGE HOME OWNER'S ASSOCIATION, INC.

Ref. Number: W17000100481

We have received your document for SANDHILL RIDGE HOME OWNER'S ASSOCIATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 917A00025836

COVER LETTER

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

SUBJECT: Sandhill Ridg	ge Home Owner's Association,	Inc.			
30B0EQ11	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Produced in our and closely		islas of Incompunition and	a about for		
Enclosed is an original a	and one (1) copy of the Art	icles of incorporation and	a check for .		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Todd V. Mackey				
FROM	Name (Printed or typed)				
	3160 S. Falkenburg Road				
	Address				
	Riverview, FL 33578				
		City, State & Zip	_		

813 849 0065

todd@mackeylawfirm.com

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

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

	e corporation shall be:			-
RTICLE II	PRINCIPAL OFFICE			
	Principal street address:		Mailing address, if different is:	
3160	S. Falkenburg Road			
River	view FL 33578	<u></u>		<u>-</u> -
			2 2 3	
RTICLE III	PURPOSE		18 JAN I	4-
	or which the corporation is organized	is:		
	of homeowners pursuant to Chapter		72 72	
			<u> </u>	
ARTICLE IV	MANNER OF ELECTION The	e manner in which the dir	rectors are elected and appointed:	
	INITIAL OFFICERS AND/OR D	<u>IRECTORS</u>	Brian Phillins Secretary	
IRTICLE V	INITIAL OFFICERS AND/OR D Dean Hill, President le:		Brian Phillips, Secretary	
ARTICLE IV ARTICLE V Name and Titl Address	INITIAL OFFICERS AND/OR D	<u>IRECTORS</u>	Brian Phillins Secretary	
ARTICLE V . Name and Titl	INITIAL OFFICERS AND/OR D Dean Hill, President le:	IRECTORS Name and Title	Brian Phillips, Secretary	
ARTICLE V . Name and Titl	INITIAL OFFICERS AND/OR D Dean Hill, President 3160 S. Falkenburg Road Riverview FL 33578	Name and Titl Address:	Brian Phillips, Secretary 3160 S. Falkenburg Road Riverview, FL 33578	
Name and Titl	INITIAL OFFICERS AND/OR D le: Dean Hill, President 3160 S. Falkenburg Road Riverview FL 33578 Lim Jarboe, Treasurer	Name and Titl Address:	e: Brian Phillips, Secretary 3160 S. Falkenburg Road	
IRTICLE V . Name and Titl	INITIAL OFFICERS AND/OR D le: Dean Hill, President 3160 S. Falkenburg Road Riverview FL 33578 Jim Jarboe, Treasurer le: 3160 S. Falkenburg Road	Name and Titl Address:	Brian Phillips, Secretary 3160 S. Falkenburg Road Riverview, FL 33578	
Name and Titl Address Name and Titl	INITIAL OFFICERS AND/OR D le: Dean Hill, President 3160 S. Falkenburg Road Riverview FL 33578 Lim Jarboe, Treasurer	Name and Titl Address: Name and Titl	Brian Phillips, Secretary 3160 S. Falkenburg Road Riverview, FL 33578	
Name and Titl Address Name and Titl	INITIAL OFFICERS AND/OR D le: Dean Hill, President 3160 S. Falkenburg Road Riverview FL 33578 Jim Jarboe, Treasurer 1e: 3160 S. Falkenburg Road Riverview, FI 33578	Name and Titl Address: Name and Titl Address: Address:	Brian Phillips, Secretary 3160 S. Falkenburg Road Riverview, FL 33578	
Name and Titl Address Name and Titl	INITIAL OFFICERS AND/OR D le: Dean Hill, President 3160 S. Falkenburg Road Riverview FL 33578 Jim Jarboe, Treasurer 3160 S. Falkenburg Road Riverview, Fl 33578	Name and Titl Address: Name and Titl Address: Name and Titl Address:	Brian Phillips, Secretary 3160 S. Falkenburg Road Riverview, FL 33578	
Name and Titl Address Name and Titl	INITIAL OFFICERS AND/OR D le: Dean Hill, President 3160 S. Falkenburg Road Riverview FL 33578 Jim Jarboe, Treasurer 1e: 3160 S. Falkenburg Road Riverview, FI 33578	Name and Titl Address: Name and Titl Address: Name and Titl Address:	Brian Phillips, Secretary 3160 S. Falkenburg Road Riverview, FL 33578	. !

Name and Title:		Name and Title:			
Address	1 1	Address:	_		:
			_		į
Name and Title:		Name and Title:	_		
Address		Address:			ļ
					
			_		
	REGISTERED AGENT prida street address (P.O. Box NOT accep	stable) of the registered agent is:			
Name:	Todd Mackey	and the second distriction	0		
Address:	3160 S. Falkenburg Re	<u>d</u>		18	
	Riverview FL 33578		A S	B JAN I I	
			300		junging jungun
	INCORPORATOR Idress of the Incorporator is:		計の	₽ ω	ED
Name:	Todd Mackey		E FLORIDA	3: 20	
Address:	3160 S. Falkenburg R	Rd	B		
ridaress.	Riverview FL 33578				
ARTICLE VIII Effective date, if (If an effective of	EFFECTIVE DATE: other than the date of filing: date is listed, the date must be specific an	. (OPTIONAL) ad cannot be more than five days prior or 90 days a	ifter the	filing.)	
	e inserted in this block does not meet the ap ctive date on the Department of State's reco	pplicable statutory filing requirements, this date will no ords.	ot be liste	ed as th	ne i
Having been no certificate, I am	imed as registered agent to accept service familiar with and accept the appointment	of process for the above stated corporation at the pl as registered agent and agree to act in this capacity	ace desig	gnated	în this
	Tall//	July 12Dec 2	2017		
	Required Signature of Registered	- 2	ate		
I submit this do to the Departme	cument and affirm that the facts stated her ent of State constitutes a third-degree felony	rein are true. I am aware that any false information su y as provided for in s.817,155, F.S.	ibmitted i	in a do	cument
	12 W/MM	12Dec	2017		 -
	Required Signature of Inco	porator	Date		