

N18000009314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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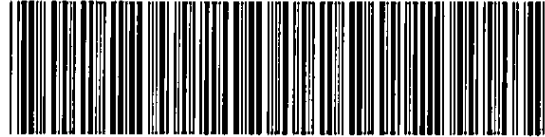
(Business Entity Name)

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18 AUG 28 PM 2:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2018 AUG 28 PM 2:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Lexington Parc 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: Tylene Harris
Name (Printed or typed)

118 N Monroe Street
Address

Tallahassee, FL 32301
City, State & Zip

850-295-4678
Daytime Telephone number

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

ARTICLE I NAME

The name of the corporation shall be: Lexington Parc Homeowners Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

118 North Monroe Street

Tallahassee, FL 32301

Mailing address, if different is:

118 N Monroe Street

Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation was organized for a Home Owners Association.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As per declaration.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hadi Boulos, MGR

Address

118 N Monroe St

Tallahassee, FL 32301

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, 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: Dan Hartman

Address: 207 W Park Avenue, Suite A
Tallahassee, FL 32301

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hadi Boulos

Address: 118 N Monroe St
Tallahassee, FL 32301

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

Dan Hartman
Required Signature of Registered Agent

8/28/18
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.

[Signature]
Required Signature of Incorporator

8/28/18
Date