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Division of Corporations
Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
Imeson Road Industrial Park Owners Association, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
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Corporate Filing Menu

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Imeson Road Industrial Park Owners Association, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address:5170 Peachtree Road, Building 100, Suite 400Atlanta, GA 30341

Mailing address, if different is:

N/A**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Property Owner's Association**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: Casey J. Farmer, PresidentAddress: 5170 Peachtree Road
Building 100, Suite 400
Atlanta, GA 30341Name and Title: Angela M. Witz, TreasurerAddress: 5170 Peachtree Road
Building 100, Suite 400
Atlanta, GA 30341Name and Title: Michael G. Kerman, SecretaryAddress: 5170 Peachtree Road
Building 100, Suite 400
Atlanta, GA 30341Name and Title: Buzz Kaas, Assistant SecretaryAddress: 5170 Peachtree Road
Building 100, Suite 400
Atlanta, GA 30341Name and Title: Lawrence P. Callahan, DirectorAddress: 5170 Peachtree Road
Building 100, Suite 400
Atlanta, GA 30341Name and Title: Joshua W. Harrison, DirectorAddress: 5170 Peachtree Road
Building 100, Suite 400
Atlanta, GA 30341FILED
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Name and Title: Casey J. Farmer, Director Name and Title: _____
 Address: 5170 Peachtree Road Address: _____
Building 100, Suite 400 _____
Atlanta, GA 30341 _____

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: C T Corporation System
 Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael G. Kerman
 Address: 999 Peachtree Street NE, Suite 2300
Atlanta, GA 30309

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

By: Michael E. Jones, Asst. Secy. 12/10/2018
 Required Signature of Registered Agent 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.

Michael G. Kerman 12/12/18
 Required Signature of Incorporator Date

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