

1719000000313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

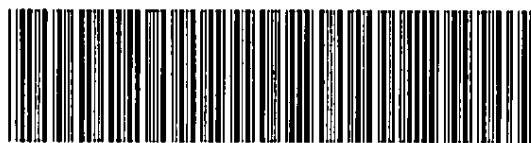
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JAN -7 PM 12:24

COVER LETTER

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

Magnolia Crest Property Owners Assn. Inc.

SUBJECT: _____
(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: Judy Mikolai

Name (Printed or typed)

6561 S. Magnolia Ave.

Address

Ocala, FL 34471

City, State & Zip

507-383-4302

Daytime Telephone number

odettedy@gmail.com

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

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

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

ARTICLE I NAME Magnolia Crest Property Owners Assn. Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6561 S. Magnolia Ave., Ocala FL 34471

Mailing address, if different is:

ARTICLE III PURPOSE Property owner association.

The purpose for which the corporation is organized is: _____

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2013 JAN -7 PM 12:28
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____ 1 vote per lot.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Judy Nikolai, Director and Pres./Sec.	Name and Title:	Goffredo Martelli, Director
Address	6561 S. Magnolia Ave. Ocala FL 34471	Address:	6561 S. Magnolia Ave. Ocala FL 34471

Name and Title:	Adonis Feliciano, Director	Name and Title:	
Address	6561 S. Magnolia Ave. Ocala FL 34471	Address:	

Name and Title:		Name and Title:	
Address		Address:	

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: Judy Mikolai
Address: 6561 S. Magnolia Ave.
Ocala FL 34471

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Judy Mikolai
Address: 6561 S. Magnolia Ave.
Ocala FL 34471

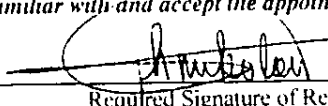
ARTICLE VIII EFFECTIVE DATE:

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.)

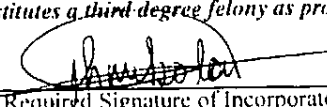
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

1-03-18
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.


Required Signature of Incorporator

1-03-18
Date