

N 19000007079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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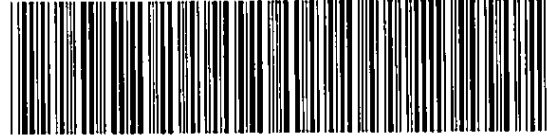
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Stiles Pond 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: Rick Singletary
Name (Printed or typed)

1400 Village Sq. Blvd
Address

#3, Box 141
City, State & Zip

Tallahassee, FL. 32312
Daytime Telephone number

rsingletary@hotmail.com
E-mail address: (to be used for future annual report notification)

229-221-6294

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

The name of the corporation shall be:

Stiles Pond Homeowners Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

5876 Dahlgren Trail
Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

An HOA set up for the benefit of 11 homeowners in a new neighborhood

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Elected
Each homeowner has 1 vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Porter E. Chandler President

Address

5876 Dahlgren Tr.
Tallahassee, FL 32312

Name and Title:

Lewis Singletary Vice President

Address

5846 Dahlgren Tr.
Tallahassee, FL 32312

Name and Title:

Rick Singletary Treasurer/Secretary

Address

1400 Village Sq. Blvd
#3, Box 141
Tallahassee, FL.
32312

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2019 JUL 12 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
2019 JUL 12 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Porter E. Chandler
Address: 5876 Dahlgren Trail
Tallahassee, FL. 32312

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Porter E. Chandler
Address: 5876 Dahlgren Trail
Tallahassee, FL. 32312

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.

P. Chandler

Required Signature of Registered Agent

7/12/19
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.

P. Chandler

Required Signature of Incorporator

7/12/19
Date