

N19000010439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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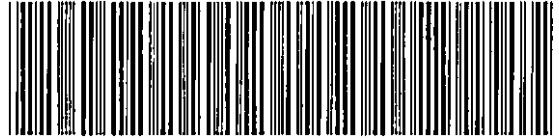
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

OCT 03 2019

K. Brumley

COVER LETTER

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

SUBJECT: Canopy Entertainment Center Condominiums 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: Kyle L. Shaw, Esq. - Manausa Law Firm, P.A.

Name (Printed or typed)

1701 Hermitage Blvd., Suite 100

Address

Tallahassee, FL 32308

City, State & Zip

850-597-7616

Daytime Telephone number

danny@manausalaw.com; Luckyniliz@yahoo.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

The name of the corporation shall be: Canopy Entertainment Center Condominiums Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7749 Cricklewood Dr.

Tallahassee, FL 32312

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To manage Condominium Association's Property

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As provided in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nilesh Patel, President

Address: 7749 Cricklewood Dr.
Tallahassee, FL 32312

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2019 OCT -2 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Nilesh Patel
 Address: 7749 Cricklewood Dr.
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nilesh Patel
 Address: 7749 Cricklewood Dr.
Tallahassee, FL 32312

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/02/2019. (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

KLP, as attorney for the association
 Required Signature of Registered Agent

10/02/2019

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.

KLP, as attorney for the association
 Required Signature of Incorporator

10/02/2019

Date