

N19000012945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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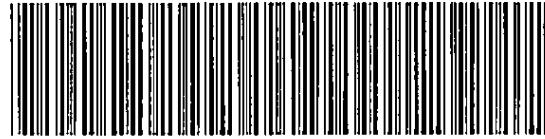
(Business Entity Name)

(Document Number)

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SECRETARY OF
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: The Retreat at Mahan Homeowner 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: Porter Chandler
Name (Printed or typed)

1400 Village Square Blvd. Unit 3, Box 142
Address

Tallahassee, FL 32312
City, State & Zip

850-545-8491
Daytime Telephone number

RSingletary1959@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

The name of the corporation shall be: The Retreat at Lakon Homeowners Association Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1400 Village Sq Blvd, unit 3 Box 142
Tallahassee, FL 32312

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Homeowners Assoc. to
for a residential single family home community

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: as stated in
the by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Porter Chandler, Pres.

Address: 1400 Village Sq Blvd
unit 3, Box 142
Tallahassee, FL 32309

Name and Title: Rick S. McIntyre, Vice Pres.

Address: 1400 Village Sq Blvd.
unit 3, Box 141
Tallahassee, FL 32309

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Porter Chadden
Address: 1400 Village Sq. Blvd. Unit 3, Box 142
Tallahassee, FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Porter Chadden
Address: 1400 Village Sq. Blvd, Unit 3, Box 142
Tallahassee, FL 32309


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.)

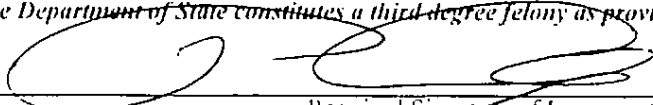
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12/23/19
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.


Required Signature of Incorporator

12/23/19
Date

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