

N20000010988

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 SEP 15 PM 4:35  
U.S. DISTRICT COURT  
NORTH DAKOTA  
GRAND FORK

## COVER LETTER

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

SUBJECT: The Fairways at Twisted Oaks 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: Steven Fischer  
Name (Printed or typed)

2500 Weston Road Ste 311  
Address

Weston, FL 33331  
City, State & Zip

904 385 3332  
Daytime Telephone number

Steve @ SedoffandFischer CPA . Com  
E-mail address: (to be used for future annual report notification)

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

FILED  
2020 SEP 15 PM 4:26

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

**ARTICLE I NAME**

The name of the corporation shall be: The Fairways at Twisted Oaks Homeowners Association, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

2500 Weston Road Ste 311

Weston, FL 33331

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: operate Homeowners Association  
in Beverly Hills, FL 207 lots

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

By LAWS

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Steven P Fischer

President and Director

Name and Title:

Address

2500 Weston Rd Ste 311

Address:

Weston, FL 33331

Secretary & Director

Name and Title:

Susan Cohen-Fischer

Name and Title:

Address

2500 Weston Rd Ste 311

Address:

Weston, FL 33331

Name and Title:

Jordan Fischer

Treasurer & Director

Name and Title:

Address

2500 Weston Rd Ste 311

Address:

Weston, FL 33331

2020 SEP 15 PM 4:36

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: Steven Fischer

Address: 2500 Weston Rd Ste 311  
Weston FL 33331

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Twisted Oaks Properties, LLC

Address: 2500 Weston Rd Ste 311  
Weston, FL 33331

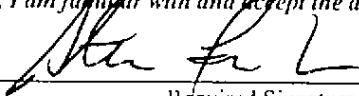
**ARTICLE VIII EFFECTIVE DATE:**

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*

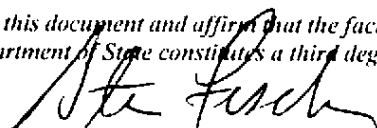


Required Signature of Registered Agent

9-10-20

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

9-10-20

Date