

N210000000936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

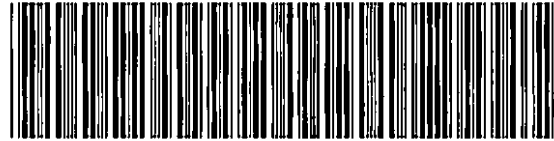
(Business Entity Name)

(Document Number)

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2021 JAN 27 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FL

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2021 FEB -3 AM 10:15

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

2209 FLAGLER HOMEOWNERS

ASSOCIATION INC

Signature \_\_\_\_\_

Requested by: SETH

02/03/21

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

21 FEB -3 PM 1:34

January 28, 2021

CAPITAL CONNECTION, INC.

SUBJECT: 2209 FLAGLER HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: W21000008904

We have received your document for 2209 FLAGLER HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 621A00002008

**FILED**

2021 FEB -3 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF INCORPORATION  
OF  
2209 FLAGLER HOMEOWNERS ASSOCIATION, INC.**

The undersigned, for the purpose of forming a not-for-profit corporation under Chapter 617 of the Florida Statutes, do hereby adopt the following Articles of Incorporation:

**ARTICLE I  
NAME**

The name of the corporation is **2209 FLAGLER HOMEOWNERS ASSOCIATION, INC.**

**ARTICLE II  
PRINCIPAL OFFICE AND MAILING ADDRESS**

The principal office shall be located at 2209 Flagler Avenue, Key West, Florida 33045, and the mailing address P.O. Box 2752, Key West, Florida 33045.

**ARTICLE III  
PURPOSE**

The purpose of this corporation is to maintain and administer the community properties and facilities; administer and enforce covenants and restrictions; collecting and disbursing assessments and charges collected.

**ARTICLE IV  
MANNER OF ELECTION**

The qualifications for members and the manner of their admission are stated in the bylaws of the corporation.

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

The manner in which the directors are elected is stated in the bylaws of the corporation.

**ARTICLE VI  
REGISTERED AGENT**

The name and address of the registered agent is:

Michelle Blades  
1422 Boca Chica Road  
Key West, Florida 33040

**ARTICLE VII  
INCORPORATOR**

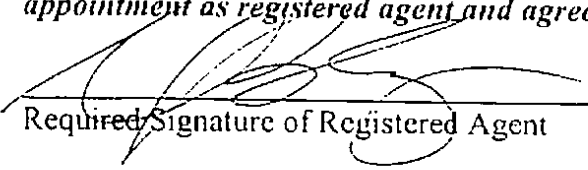
The name and address of the Incorporator is:

Michelle Blades  
1422 Boca Chica Road  
Key West, Florida 33040

2021 FEB -3 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

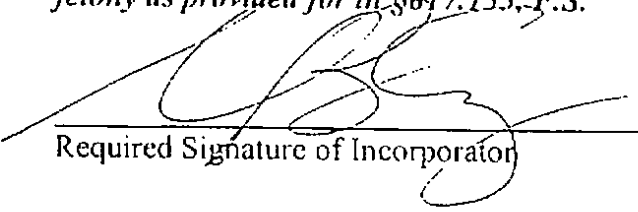
FILED

*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

  
\_\_\_\_\_  
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 §817.155, F.S.*

  
\_\_\_\_\_  
Required Signature of Incorporator

  
\_\_\_\_\_  
Date