

N21000000 4633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICKUP

☐ WAIT

☐ MAIL

(Business Entity Name)

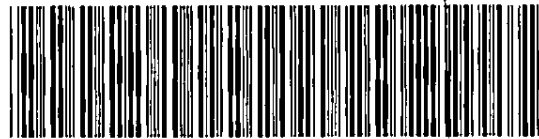
(Document Number)

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

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04/13/21--01011--019 \*\*70.00

RECEIVED  
2021 APR 13 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE FL 32399  
2021 APR 16 PM 5:11

## CAPITAL CONNECTION, INC.

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

ISLANDS OF ISLAMORADA

HOMEOWNERS ASSOCIATION, INC.

Signature \_\_\_\_\_

Requested by: BA

04/12/21

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 \_\_\_\_\_

## COVER LETTER

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

SUBJECT: ISLANDS OF ISLAMORADA 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: THE LAW OFFICE OF PAUL A. KRASKER, P.A.  
Name (Printed or typed)

1615 FORUM PLACE, 5TH FLOOR  
Address

WEST PALM BEACH, FL 33401  
City, State & Zip

561-515-2929  
Daytime Telephone number

PKRASKER@KRASKERLAW.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: ISLANDS OF ISLAMORADA HOMEOWNERS ASSOCIATION, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
82779 Old Highway

Islamorada, FL 33036

Mailing address, if different is:  
221 Royal Poinciana Way

Suite 1

Palm Beach, FL 33480

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
operate, govern, administer and manage the property and the affairs of the property.

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

is stated in the bylaws

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

Name and Title: David Frisbie - Director

Address: 221 Royal Poinciana Way  
Suite 1

Palm Beach, FL 33480

Name and Title: Robert Frisbie Jr. - Director

Address: 221 Royal Poinciana Way  
Suite 1

Palm Beach, FL 33480

Name and Title: Cody Crowell - Director

Address: 221 Royal Poinciana Way  
Palm Beach, FL 33480

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

2021 APR 16 PM 5:11

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: JAMES LUPINO, ESQ

Address: HERSHOFF, LUPINO & YAGEL, LLP  
88539 Overseas Hwy, Tavernier, Florida 33070

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Paul A. Krasker, Esq.

Address: 1615 Forum Place, 5th Floor  
West Palm Beach, FL 33401

**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

4/8/21  
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.

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

4/8/21  
Date

2021 APR 16 PM 5:11