

N2100000 8428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

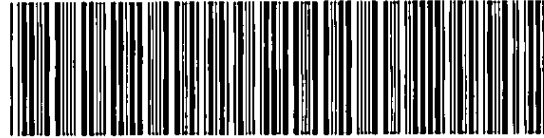
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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07/12/21--01032--016 **78.75

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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

FLINT ROCK AGRIHOOD HOMEOWNERS

Signature

Requested by: SETH

07/08/21

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: Flint Rock Agrihood 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: Jesse Caedington, Esq.

Name (Printed or typed)

5608 NW 43rd St.

Address

Gainesville, FL 32653

City, State & Zip

352-373-7788

Daytime Telephone number

jesse@gnv-law.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: Flint Rock Agrihood Homeowners Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
624 NE Highway 349

Old Town, FL 32680

Mailing address, if different is:
624 NE Highway 349

Old Town, FL 32680

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: the preservation of the values and amenities of the Flint Rock Agrihood, a real estate development Alachua County, Florida.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated in Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tara Anderson Beauchamp (P)

Address: 624 NE Highway 349
Old Town, FL 32680

Name and Title: Marilyn Deas (VP)

Address: 624 NE Highway 349
Old Town, FL 32680

Name and Title: Tymber Anderson Reed (S)

Address: 624 NE Highway 349
Old Town, FL 32680

Name and Title: Amy Anderson Paras (T)

Address: 624 NE Highway 349
Old Town, FL 32680

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

REC'D
FILED
JUL 12 PM 2:41
FLA.

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: Zeb Cheshire

Address: 871 NW Guerdon St.

Lake City, FL 32055

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Tara Anderson Beauchamp

Address: 624 NE Highway 349

Old Town, FL 32680

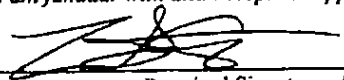
ARTICLE VIII EFFECTIVE DATE:

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

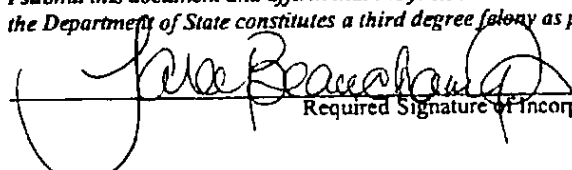


Required Signature of Registered Agent

6-25-21

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.



Required Signature of Incorporator

6/29/21

Date