

N2100000 8428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

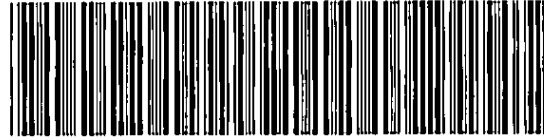
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 JUL 12 PM 2:41
STATE
TALLahassee, FL

1173D

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

2021 JUL 12 PM 3:03

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

- ___ 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 _____

Signature _____

Requested by: SETH

07/08/21

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$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 <u>street</u> address:	Mailing address, if different is:
<u>624 NE Highway 349</u>	<u>624 NE Highway 349</u>
<u>Old Town, FL 32680</u>	<u>Old Town, FL 32680</u>

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:	<u>Tara Anderson Beauchamp (P)</u>	Name and Title:	<u>Marilyn Deas (VP)</u>
Address	<u>624 NE Highway 349</u> <u>Old Town, FL 32680</u>	Address:	<u>624 NE Highway 349</u> <u>Old Town, FL 32680</u>
Name and Title:	<u>TyMBER Anderson Reed (S)</u>	Name and Title:	<u>Amy Anderson Paras (T)</u>
Address	<u>624 NE Highway 349</u> <u>Old Town, FL 32680</u>	Address:	<u>624 NE Highway 349</u> <u>Old Town, FL 32680</u>
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

REC'D
FLORIDA
STATE
CORPORATE
COMMISSION
TALLAHASSEE, FL
2011 APR 12 PM 2:41

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

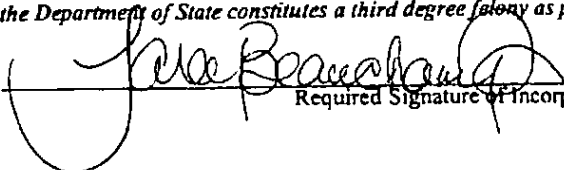


Required Signature of Registered Agent

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