

8/25/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Butler Farms Subdivision, Bay County, Homeowners Ass

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

AUG 26 2021

T. SCOTT

2021 AUG 25 AM 9:33

2021 AUG 25 PM 3:59

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAMEThe name of the corporation shall be: Butler Farms Subdivision, Bay County, Homeowners Association, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address:3091 Governors Lake Drive Suite 300Norcross, GA 30071

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: non-profit operation of homeowners' association, ownership and management of common areas within the subdivision, and any other purpose consistent with the functions of a homeowners' association.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:Consent in Lieu of Minutes of the Organizational Meeting of the Board of Directors**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Michael Braren, President

Name and Title: _____

Address: 3091 Governors Lake Drive Suite 300

Address: _____

Norcross, GA 30071Name and Title: Kyle Maulbetsch, Vice President

Name and Title: _____

Address: 3091 Governors Lake Drive Suite 300

Address: _____

Norcross, GA 30071Name and Title: Darren Thompson, Treasurer/Secretary

Name and Title: _____

Address: 3091 Governors Lake Drive Suite 300

Address: _____

Norcross, GA 30071

2021 AUG 25 AM 9:33

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CT Corporation - Will McLennan
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

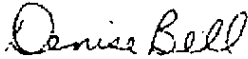
Name: Brad Jones
Address: 3091 Governors Lake Drive Suite 300
Norcross, GA 30071

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: Upon 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

8/19/2021

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 Incorporator8.18.2021

Date