

N210 0001 3695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

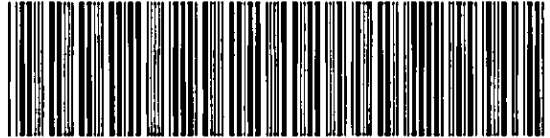
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/15/21--01027--009 **78.75

2021 NOV -1 PM 10:32

OVERSEAS
DEC 01 2021

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W21-13876c

INVERNESS NEIGHBORS FL, INC.
9270 East Mistwood Drive
Inverness, FL 34450

Erika Hunter-Ergen
Registered Agent

October 28, 2021

Mr. Daniel L O'Keefe
Regulatory Specialist II

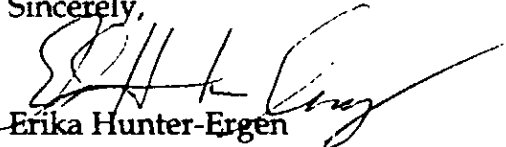
Subject: INVERNESS NEIGHBORS - FL, INC.
Ref. Number W21000138760

Your letter, dated October 20, 2021 was received 10-27-2021.

Subsequently I am returning the corrected Document
reference W21000138760 showing the INC as part of its
official name.

Please accept my apologies for the inconvenience this may
have caused your office.

Sincerely,



Erika Hunter-Ergen
Resident Agent

Encls.

2021 OCT 32 PM 1:35
RECEIVED

2021 OCT -1 PM 10:32



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2021

ERIKA (HUNTER) ERGEN
9270 EAST MISTWOOD DRIVE
INVERNESS, FL 34450

SUBJECT: INVERNESS NEIGHBORS - FL
Ref. Number: W21000138760

We have received your document for INVERNESS NEIGHBORS - FL and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 421A00025487

2021 NO. - 1 PM 10:31

COVER LETTER

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

SUBJECT: INVERNESS NEIGHBORS - FL 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: ERIKA (HUNTER) ERGEN

Name (Printed or typed)

9270 EAST MISTWOOD DRIVE

Address

INVERNESS, FL 34450

City, State & Zip

352-423-4195

Daytime Telephone number

EERGEN9384@gmail.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:

INVERNESS NEIGHBORS - FL INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9270 EAST MISTWOOD DRIVE

INVERNESS, FL 34450

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROMOTE NEIGHBORHOOD ASSOCIATION AND

FELLOWSHIP, CULTIVATING NEIGHBORHOOD NATURAL ENVIRONMENT, ALONG WITH ASSISTING NEW

NEIGHBORS FAMILIARIZING THE NATURAL BEAUTY OF INVERNESS AND SURROUNDING AREAS OF

CITRUS COUNTY ALSO THE BEAUTY OF OUR NATURE COAST

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: APPOINTMENT

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERIKA (HUNTER) ERGEN P/S

Address 9270 EAST MISTWOOD DRIVE

INVERNESS, FL 34450

Name and Title: SCOTT HUNTER SGT/AT/ARMS

Address: 9270 EAST MISTWOOD DRIVE

INVERNESS, FL 34450

Name and Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address _____

2021 NOV - 1 PM 10:33

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: ERIKA (HUNTER) ERGEN

Address: 9270 EAST MISTWOOD DRIVE

INVERNESS, FL 34450

ARTICLE VII INCORPORATOR

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

Name: ERIKA (HUNTER) ERGEN

Address: 9270 EAST MISTWOOD DRIVE

INVERNESS, FL 34450

ARTICLE VIII EFFECTIVE DATE:

OCTOBER 7, 2021

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

Erika Hunter Ergen
Required Signature of Registered Agent

10/7/2021
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.

Erika Hunter Ergen
Required Signature of Incorporator

10/7/2021
Date

Erika (Hunter) Ergen

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