

12/14/2021 10:54

(FAX)

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12/14/21, 9:18 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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Account Number : I20210000086
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Fax Number : (850)270-6148

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

Email Address: Danny@manausalaw.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Capital Hill Plaza Condominium Association, Inc.

T. SCOTT
DEC 15 2021

Certificate of Status	0
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2021 DEC 14 AM 9:48

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COVER LETTER

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

SUBJECT: Capital Hill Plaza Condominium 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: Danny Manausa

Name (Printed or typed)

1701 Hermitage Blvd, Suite 100

Address

Tallahassee, FL 32308

City, State & Zip

850-597-7616

Daytime Telephone number

danny@manausalaw.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Capital Hill Plaza Condominium Association, Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address:
4708 Capital Circle NW

Tallahassee, FL 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Administering a condominium upon certain lands in Leon County, Florida
known as Capital Hill Plaza Condominiums in accordance with the Declaration of Condominium of Capital Hill Plaza
Condominiums.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: provided for in bylaw

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason Ghazvini - P

Address: 4708 Capital Circle NW
Tallahassee, FL 32303

Name and Title: Steve Ghazvini - S

Address: 4708 Capital Circle NW
Tallahassee, FL 32303

Name and Title: Justin Ghazvini - VP/T

Address: 4708 Capital Circle NW
Tallahassee, FL 32303

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: Daniel E. Manausa

Address: 1701 Hermitage Blvd, Suite 100
Tallahassee, FL 32308**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Daniel E. Manausa

Address: 1701 Hermitage Blvd, Suite 100
Tallahassee, FL 32308**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

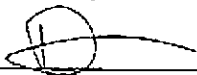
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

12/14/21

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

12/14/21

Date

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