

N220000000340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

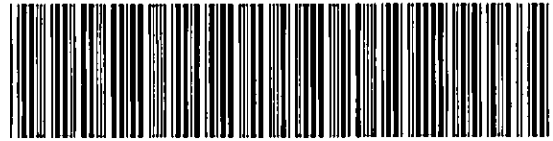
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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01/12/22--01006--035 \*\*79.00

RECEIVED  
2022 JAN 12 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2022 JAN 14 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

1/13/22

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LAS VILLAS COMMUNITY ASSOCIATION

II, INC.

Signature \_\_\_\_\_

Requested by: BA

01/14/22

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:** LAS VILLAS COMMUNITY ASSOCIATION II, 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: CLIFFORD R. RHOADES, P.A.  
Name (Printed or typed)

2141 LAKEVIEW DRIVE  
Address

SEBRING, FL 33870  
City, State & Zip

863-385-0346  
Daytime Telephone number

SERVICE@CRRPALAW.COM  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2022

CAPITAL CONNECTION

SUBJECT: LAS VILLAS COMMUNITY ASSOCIATION II, INC.  
Ref. Number: W22000004486

We have received your document for LAS VILLAS COMMUNITY ASSOCIATION II, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the titles in Article V.

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.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 222A00001012

RECEIVED  
2022 JAN 14 PM 3:05  
ALLAHASSEE, FLORIDA

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

2022 JAN 14 AM 8: 27

ARTICLE I NAME  
The name of the corporation shall be: LAS VILLAS COMMUNITY ASSOCIATION II, INC.

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address:  
1490 Las Villas Blvd.

Mailing address, if different is:  
3389 Sheridan Street, #264

SEBRING, FL 33870

Hollywood, FL 33021

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HOMEOWNERS ASSOCIATION

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by vote of members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ASAF MENGELGREIN, P/D

Name and Title: ROI MENGELGREIN, V.P./S/D

Address 3389 SHERIDAN ST., #264

Address: 3389 SHERIDAN ST., #264

HOLLYWOOD, FL 33021

HOLLYWOOD, FL 33021

Name and Title: AHRON MENGELGREIN, D

Name and Title:

Address 3389 SHERIDAN ST., #264

Address:

HOLLYWOOD, FL 33021

Name and Title:

Name and Title:

Address

Address:

FILED

2022 JAN 14 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FL

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: CLIFFORD R. RHOADES, ESQ.

Address: 2141 LAKEVIEW DRIVE

SEBRING, FL 33870

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CLIFFORD R. RHOADES, ESQ.

Address: 2141 LAKEVIEW DRIVE

SEBRING, FL 33870

**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

1/11/2022  
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

1/11/2022  
Date