

# N220000000448

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

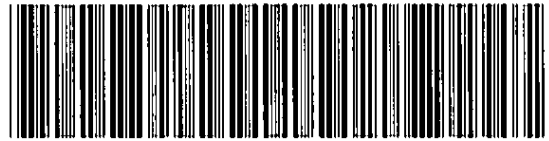
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TALLAHASSEE, FL

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## COVER LETTER

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

SUBJECT: Hammock at Oak Grove HOA, 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: Rick Singletary  
Name (Printed or typed)  
1429 Alligator Dr.  
Address  
Alligator Pt. FL 32346  
City, State & Zip  
229-221-6294  
Daytime Telephone number  
rsingletary@hotmail.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: Hammock at Oak Grove HOA, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:  
1429 Alligator Dr.  
Alligator Pt. FL.  
32346

Mailing address, if different is:  
1400 Village Sq. Blvd  
#3, Box 141  
Tallahassee, FL.  
32312

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Hammock at Oak Grove  
subdivision homeowners  
association

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

elected annually with a majority vote  
of eligible homeowners

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Porter Chandler, President  
Address: 8080 Lantern Light Rd.  
Tallahassee, FL

32312  
Name and Title: Rick Singletary  
Address: 1400 Village Sq  
#3, Box 141  
Tallahassee, FL. 32312

Name and Title: \_\_\_\_\_ Address: \_\_\_\_\_  
Name and Title: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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:

Address:

Rick Singletary  
1429 Alligator Dr.  
Alligator Pt. FL 32346

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Address:

Rick Singletary  
1429 Alligator Dr.  
Alligator Pt. FL 32346

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/21/22 (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*

[Signature]

Required Signature of Registered Agent

1/21/22  
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.*

[Signature]

Required Signature of Incorporator

1/21/22  
Date