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2022 APR -5 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

2

## COVER LETTER

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

SUBJECT: TP PINE ISLAND PARK, 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: Charles C. Jones, II Esq.  
Name (Printed or typed)

1633 SE 47th Terrace  
Address

Cape Coral, Florida 33904  
City, State & Zip

239-542-0700  
Daytime Telephone number

jones@joneshaberlaw.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

December 7, 2021

CHARLES C JONES, II ESQ.  
1633 SE 47TH TERRACE  
CAPE CORAL, FL 33904

SUBJECT: TP PINE ISLAND PARK, INC.  
Ref. Number: W21000155715

We have received your document for TP PINE ISLAND PARK, 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):

This document was previously filed on 7/21/21. Please submit a phone number and a signature when requesting a refund.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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.

Karen Lovelace  
Regulatory Specialist II

Letter Number: 921A00029385

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

**FILED**

**2022 APR -5 PM 1:21**

**ARTICLE I NAME**

The name of the corporation shall be: TP PINE ISLAND PARK, INC.

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
11637 Kelly Road, Suite 302

Mailing address, if different is:

Fort Myers, Florida 33908

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: property owners' association.

The Association shall have all the powers set forth in Section 617.0302, F.S.

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

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

Name and Title: Raymond Masciana, President and Director

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

Address 11637 Kelly Road, Suite 302

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

Fort Myers, Florida 33908

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: Charles C. Jones, II Esq \_\_\_\_\_

Address: 1633 SE 47th Terrace \_\_\_\_\_

Cape Coral, Florida 33904 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Charles C. Jones, II Esq. \_\_\_\_\_

Address: 1633 SE 47th Terrace \_\_\_\_\_

Cape Coral, Florida 33904 \_\_\_\_\_

**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

03/15/2022  
\_\_\_\_\_  
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

03/15/2022  
\_\_\_\_\_  
Date

FILED  
2022 APR -5 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FL