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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

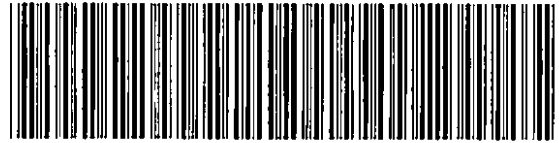
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
22 MAY -9 AM 9:25

RECEIVED
2022 MAY -9 PM 3:21
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: TALLAHASSEE ASSOCIATION OF REALTIST, 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: DARRELL WILLS
Name (Printed or typed)

267 John Knox Road, Suite 204
Address

Tallahassee, FL 32303
City, State & Zip

850-264-5210
Daytime Telephone number

darrell@teamwills.com
E-mail address: (to be used for future annual report notification)

22 MAY -9 AM 9:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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: TALLAHASSEE ASSOCIATION OF REALTIST, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

267 John Knox Rd.
Suite 204
Tallahassee, FL 32303

Mailing address, if different is:

P.O. Box 5304
Tallahassee, FL 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO UNITE THOSE ENGAGED IN THE RECOGNIZED
BRANCHES OF THE REAL ESTATE BUSINESS INCLUDING
BROKERS, MANAGEMENT, FINANCING, APPRAISAL, LAND
DEVELOPMENT, HOME BUILDING + OTHER RELATED
FIELDS IN ACCORDANCE WITH NARER

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

provided
by bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DARRELL WILLS (P) Name and Title: _____

Address: 267 John Knox Rd Address: _____
Suite 204
Tallahassee, FL 32303

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

22 MAY -9 AM 9:25

NOTARIAL PUBLIC
OFFICE OF THE CLERK OF THE CIRCUIT COURT
IN AND FOR THE JUDICIAL CIRCUIT IN AND FOR THE COUNTY OF TALLAHASSEE, FLORIDA

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:

DARRELL WILLS

Address:

267 John KNOX Road, Suite 204
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

DARRELL WILLS

Address:

267 John KNOX Rd, Suite 204
Tallahassee, FL 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/05/2022 (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

Date

5/5/22

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

Date

5/5/22

22 MAY -9 AM 9:25

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA