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H220001711813ABCX

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MANAUSA SHAW & MINACCI

Account Number : I20210000086 Phone : (850)597-7616 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.\*\*

He emanausulaw.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

Acres of Willow Pond Homeowners Association, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

S. CHATHAM

MAY 1 3 2022

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## COVER LETTER

(((H22000171181 3)))

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

Tallanassee, FL 32314				
SUBJECT: Acres of Wil	(PROPOSED CORPO	ntion, Inc. DRATE NAME – <u>MUST IN</u> C	CLUDE SUFFIX)	
Enclosed is an original a	and one (1) copy of the Arti □ \$78.75	cles of Incorporation and  □\$78.75	a check for:	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Kyle Shaw	ne (Printed or typed)	<u>.</u>	
	1701 hermitage Blvd, Suite 100			
	Tallahassee, Fl 32308	Address		
	City, State & Zip			

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

850-597-7616

kyle@manausalaw.com

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

Daytime Telephone number

(((H2200017118I 3)))

## ARTICLES OF INCORPORATION

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

<u>ARTICLE II</u>	PRINCIPAL OFFICE		
133.	Principal <u>street</u> address:  5 E. Gulf Beach Drive	Mailing address, if differen	nt is:
Eas	Point, FL 32328	Brookhaven, GA 30319	
	I PURPOSE  for which the corporation is organized is:  Willow Pond Subdivision.	vide Maintenance and improvements to the comm	on properties within
ARTICLE IV		r in which the directors are elected and appointed:	As provided for in
bylaws	INITIAL OFFICERS AND/OR DIRECT	<u> </u>	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS  Name and Title:	
bylaws	INITIAL OFFICERS AND/OR DIRECT	<u> </u>	22 MAY 12 AH
Name and Ti	INITIAL OFFICERS AND/OR DIRECT  Lori High-President, Treasurer, Director  3543 Brookleigh Lane NE  Brookhaven, GA 30319	ORS  Name and Title:	22 MAY 12 AH 3: 12
Name and Ti	INITIAL OFFICERS AND/OR DIRECT  Lori High-President, Treasurer, Director  3543 Brookleigh Lane NE  Brookhaven, GA 30319	Name and Title:  Address:	22 MAY 12 AH 3: 12
Name and Ti	INITIAL OFFICERS AND/OR DIRECT  Lori High-President, Treasurer, Director  3543 Brookleigh Lane NE  Brookhaven, GA 30319  Alex Altmaier - Director  1525 Industrial Park Drive  Hart, MI 49420	Name and Title:  Address:  Name and Title:	22 MAY 12 AH 3: 12

Name and Title:		Name and Title:	(((H22000171	181 3)))
Address _				
Name and Title:_ Address		Name and Title:	·	
-			·	
	REGISTERED AGENT lorida street address (P.O. Box NOT	: acceptable) of the registered agent	is:	
Name:	Kyle L. Shaw	·		
Address:	1701 Hermitage Blvd, Suite 100			
,	Taliahassee, FL 32308			
	INCORPORATOR  Idress of the Incorporator is:	,		ævisid≓ 22 ĦAY
Name:	Kyle L. Shaw			12
Address:	1701 Hermitage Blvd, SUite 100			
	Tallahassee, FL 32308	<del></del>		မှာ
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specif	. (OPT	TONAL) e days prior or 90 days after	$\sim$ $\frac{c_n}{c_n}$ the filing.)
Note: If the date document's effect	inserted in this block does not meet t tive date on the Department of State's	he applicable statutory filing requ s records.	rirements, this date will not be	: listed as the
Having been nar certificate, I am f	ned as registered agent to accept ser amiliar with and accept the appointme	vice of process for the above sta ent as registered agent and agree	ted corporation at the place of the color of	lesignated in this
	<b>\$</b>		5/12/22	
I submit this docs	Required Signature of Regist ument and affirm that the facts stated if State constitutes a third degree felon	herein are true. I am aware that a	Date ný false information submitted S	l in a document to
$\prec$			5/12/22	
	Required Signature of I	ncorporator	Date	<del></del>