

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

*[Handwritten signature]*

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.\*\*

Email Address: danny@manausalaw.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
Horseman's Bluff Homeowners Association, Inc.

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

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2022 JUN 31 AM 11:04  
REGISTRATION  
COMMERCIAL  
SERVICES

2022 JUN -1 AM 1:35

## COVER LETTER

H 220002263533

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

SUBJECT: Horseman's Bluff Homeowners Association, 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: Daniel E. Manausa

Name (Printed or typed)

1701 Hermitage Blvd, Suite 100

Address

Tallahassee, FL 32308

City, State & Zip

850-597-7616

Daytime Telephone number

danny@manausalaw.com

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

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

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

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**ARTICLE I NAME**

The name of the corporation shall be: Horseman's Bluff Homeowners Association, Inc.

**ARTICLE II PRINCIPAL OFFICE**Principal street address:1843 Commerce BlvdMidway, FL 32343

Mailing address, if different is:

1843 Commerce BlvdMidway, FL 32343**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Property management.

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

bylaws.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Ruben Rowe, III - president

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

Address: 1843 Commerce Blvd

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

Midway, FL 32343

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

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

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

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

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

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

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

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

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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: Daniel E. Manausa

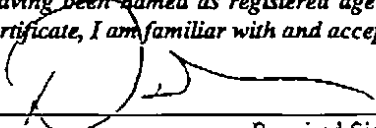
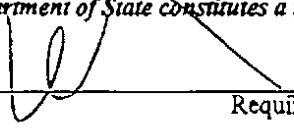
Address: 1701 Hermitage Blvd, Suite 100  
Tallahassee, FL 32308**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Daniel E. Manausa

Address: 1701 Hermitage Blvd, Suite 100  
Tallahassee, FL 32308**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 Agent7/1/22  
\_\_\_\_\_  
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.*  
\_\_\_\_\_  
Required Signature of Incorporator7/1/22  
\_\_\_\_\_  
Date

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