

Division of Corporations

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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAW OFFICES OF PAUL A. LESTER, P.A.
Account Number : I20110000058
Phone : (305) 350-5344
Fax Number : (305) 373-2294

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: palesq@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION**Belle Rive Villas Recreation Association, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Belle Rive Villas Recreation Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
3340 SE Federal Hwy #286

Stuart, FL 34997

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a Condominium Association

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Majority of Owners

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Todd C. Marshall, President

Address

3340 SE Federal Hwy #286

Stuart, FL 34997

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Law Offices of Paul A. Lester, P.A.

Address: 9150 S. Dadeland Blvd., Suite 1400

Miami, FL 33156

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Law Offices of Paul A. Lester, P.A.

Address: 9150 S. Dadeland Blvd., Suite 1400

Miami, FL 33156

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*

Paul A. Lester

Required Signature of Registered Agent

9/29/2022

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.

Paul A. Lester

Required Signature of Incorporator

9/29/2022

Date

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