## N99000019138

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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FALLE DIVISION OF CONFORMATION DIVISION OF CONFORMATION

F.F. C. T. C. T. C. T. T. 232

## **COVER LETTER**

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

| Kingstown F               | Reef North Condominium Ass                   | sociation, Inc.                                     |               |  |
|---------------------------|--|---|---------------|--|
| SUBJECT:                  | (PROPOSED CORPO                              | DRATE NAME – <u>MUST IN</u>                         | CLUDE SUFFIX) |  |
|                           |  |   |               |  |
| Enclosed is an original a | and one (1) copy of the Arti                 | cles of Incorporation and                           | a check for:  |  |
| □ \$70.00<br>Filing Fee   | ☐ \$78.75 Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | & Certificate |  |
| FROM:                     | Amy Bornmann                                 |   |               |  |
| ricoid.                   | Nan  | ne (Printed or typed)                               | -             |  |
|                           | 6277 Sea Harbor Drive                        |   |               |  |
|                           | Address                                      |   |               |  |
|                           | Orlando, FL 32821                            |   |               |  |
|                           | City, State & Zip                            |   |               |  |
|                           | 407-626-4469                                 |   |               |  |

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

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

Daytime Telephone number

amy.bornmann@wyn.com

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 077773 8346014 AUTHORIZATION : COST LIMIT : ORDER DATE: October 25, 2022 ORDER TIME : 9:13 AM ORDER NO. : 077773-005 CUSTOMER NO: 8346014 DOMESTIC FILING NAME: KINGSTOWN REEF NORTH CONDOMINIUM ASSOCIATION, INC. EFFECTIVE DATE: XX ARTICLES OF INCORPORATION \_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker - EXT.

1201 Hays Street

Tallhassee, FL 32301

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

| <u>ARTICLE I</u>                      | I PRINCIPAL OFFICE  |  |  |   |                |
|---------------------------------------|---|--|--|---|----------------|
| 12                                    | Principal <u>street</u> address:<br>12000 International Drive   |  | Mailing address, if different is:  |   |                |
| Ort                                   | lando, FL 32821   |  |  |   |                |
|                                       | II PURPOSE for which the corporation is organized is: Ma wn Reef North Condominium.   | nagement and i   | maintenance of the Condominium pro   | ject kr                                 | nown           |
|                                       |   | *** <b>=</b> *   | ***************************************  | ادرا<br>ق                               | 31418          |
|                                       |   | •  |  | ======================================= |                |
|                                       | ·   |  |  | <del>- 2</del>                          | <u>,</u><br>⊝  |
|                                       |   |  |  | 五                                       | -0:5C          |
|                                       |   |  |  | ġ                                       | OR A           |
|                                       |   |  |  |   |                |
| <u>ARTICLE I</u>                      | V MANNER OF ELECTION The manne  | r in which the dire  | ectors are elected and appointed:  | t to the                                | e Byl:         |
| ARTICLE V                             | / INITIAL OFFICERS AND/OR DIRECT  | ORS  | Melicea Colvin, Director & Vice Pres   | t to the                                | <del>- 2</del> |
| ARTICLE V                             | / INITIAL OFFICERS AND/OR DIRECT  Joe Alkire, Director & President  itle:   | ORS  Name and Title  | Melissa Colvin, Director & Vice Pres   | t to the                                | <del>- 2</del> |
| ARTICLE V                             | / INITIAL OFFICERS AND/OR DIRECT  | ORS  | Melicea Colvin, Director & Vice Pres   | t to the                                | <del>- 2</del> |
| ARTICLE V Name and T Address          | itle:  Joe Alkire, Director & President  6277 Sea Harbor Drive  Orlando, FL 32821  Shawn Losk, Director & Sec & Treas                       | ORS  Name and Title Address:                                   | Melissa Colvin, Director & Vice Pres 6277 Sea Harbor Drive  Orlando, FL 32821  | t to the                                | <del>- 2</del> |
| Name and T Address Name and T         | itle:  Joe Alkire, Director & President  6277 Sea Harbor Drive  Orlando, FL 32821  Shawn Losk, Director & Sec & Treas                       | ORS  Name and Title Address:  Name and Title                   | Melissa Colvin, Director & Vice Pres 6277 Sea Harbor Drive  Orlando, FL 32821  | t to the                                | <del>- 2</del> |
| ARTICLE V Name and T Address          | itle: Shawn Losk, Director & Sec & Treas  | ORS  Name and Title Address:                                   | Melissa Colvin, Director & Vice Pres 6277 Sea Harbor Drive Orlando, FL 32821  Amy Bornmann, Asst Secretary   | t to the                                | <del>- 2</del> |
| Name and T Address Name and T Address | itle: Joe Alkire, Director & President  6277 Sea Harbor Drive  Orlando, FL 32821  Shawn Losk, Director & Sec & Treas  6277 Sea Harbor Drive | ORS  Name and Title Address:  Name and Title Address: Address: | Melissa Colvin, Director & Vice Pres 6277 Sea Harbor Drive Orlando, FL 32821  Amy Bornmann, Asst Secretary 6277 Sea Harbor Drive Orlando, FL 32821 | t to the                                | <del>- 2</del> |

| Name and Title           | : Name at   | nd Title:  | -                      |
|--------------------------|---|--|------------------------|
| Address                  | Address   | :  |                        |
|                          |   |  |                        |
| Name and Title           | :: Name a   | nd Title:  |                        |
| Address                  | Address   |  |                        |
|                          |   |  | O                      |
| ABTACLEUI                | DECLOSEDED ACENT  |  | 100 ZZ<br>NOISIAIG     |
| The name and             | <u>REGISTERED AGENT</u><br>Florida street address (P.O. Box NOT acceptable) of                                      | the registered agent is:                             | N € 5 ±                |
| Name:                    | Corporation Service Company   |  | HED STORY OF THE BOARD |
| Address:                 | 1202 Hays Street  |  | FORWING STOLE          |
|                          | Tallahassee, FL 32301   |  | . ∰<br>∭               |
| ARTICLE VII The name and | INCORPORATOR address of the Incorporator is:  |  |                        |
| Name:                    | Amy Bornmann c/o Wyndham Vacation Re  |  |                        |
| Address:                 | 6277 Sea Harbor Drive   |  |                        |
|                          | Orlando, FL 32821   |  |                        |
|                          | I EFFECTIVE DATE:   | (OPTIONAL)   |                        |
| (If an effective         | if other than the date of filing:  date is listed, the date must be specific and cannot                             | be more than five days prior or 90 days after        | the filing.)           |
|                          | te inserted in this block does not meet the applicable sective date on the Department of State's records.           | statutory filing requirements, this date will not be | e listed as the        |
|                          | amed as registered agent to accept service of process<br>familiar with and accept the appointment as registere      | d agent and agree to act in this capacity            | designated in thi      |
|                          | Required Signature of Registered Agent  | 10/26/2022   |                        |
|                          |   |  |                        |
|                          | cument and affirm that the facts stated herein are true<br>of State constitutes a third degree felony as provided j |  | I in a document to     |
| C                        | Man   | 10/25/2022   |                        |
|                          | Required Signature of Incorporator  | Date   |                        |