

N230 0000 0206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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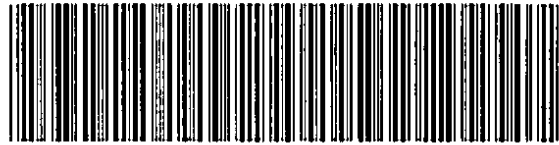
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. O'KEEFE

JAN 11 2023

DO

COVER LETTER

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

SUBJECT: TGO NatureScape 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: Timothy D Graham

Name (Printed or typed)

320 Panacea Way

Address

Titusville, FL 32780

City, State & Zip

561-262-8833

Daytime Telephone number

dancingeracker@gmail.com

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

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: TGO NatureScape Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
320 Panacea Way

Titusville, Fl. 32780

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To improve, enhance and rehabilitate the common areas within TGO for the enjoyment of the community and wildlife by implementing best management practices for habitat restoration, landscaping, drainage and water discharge quality into the St Johns River.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tim Graham, President

Address: 320 Panacea Way

Titusville, Fl 32780

Name and Title: Barbara Eager Treasurer

Address: 350 Fillmore

Cape Canaveral, Fl. 32920

Name and Title: Betty Salter 1st VP

Address: 109 Sunset Dr

Titusville, Fl. 32780

Name and Title: Ed Olefirowicz 2nd VP

Address: 456 Ambleside Dr.

Titusville, Fl. 32780

Name and Title: Karri Olefirowicz Secretary

Address: 456 Ambleside Dr

Titusville, Fl. 32780

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 AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Tim Graham
Address: 320 Panacea Way
Titusville, FL 32780

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tim Graham
Address: 320 Panacea Way
Titusville, FL 32780


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

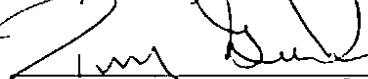


Required Signature of Registered Agent

12/30/22

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 Incorporator

12/30/22

Date

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TALLAHASSEE, FLORIDA