# N33000002220

(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:	

Office Use Only



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S. CHATHAM

FILED 2023 HAR -1 PH 2: 1



### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

## **incserv**<sup>o</sup>

### **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

**FROM** 

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 2/23/2023

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1124256

**ORDER ENTITY** 

SAWYERS PRESERVE OWNERS ASSOCIATION, INC.

### PLEASE PERFORM THE FOLLOWING SERVICES: SAWYERS PRESERVE OWNERS ASSOCIATION, INC. (FL)

New corp filing

#### NOTES:

\$70.00 Authorized

### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, March 1, 2023 Page 1 of 1

### **COVER LETTER**

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

Subject: Sawyers Pres	serve Owners Association, Inc.					
<del>- ,,</del>	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )					
Enclosed is an original a	and one (1) copy of the Articl	es of Incorporation and	a check for:			
<b>≡</b> \$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:	Dawn Pietroforte					
	Name (Printed or typed)					
	1691 Phoenix Blvd Suite 280		_			
Address						
	Atlanta, GA 30349					
City, State & Zip						

610-393-7617

dawn@brandywinecommunitymgmt.com

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

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

ADTICLEU	PRINCIPAL OFFICE		
IKTICLE II			
169	Principal <u>street</u> address: 1 Phoenix Blvd Suite 280	Mailing address, if different is: 3500 S DuPont Hwy	
		· · · · · · · · · · · · · · · · · · ·	
Atla	anta, GA 30349	Dover, DE 19901	
ARTICLE II	I PURPOSE		
The purpose	for which the corporation is organized is:	Homeowners Association	
		S 2	
ADTICI E II	/ MANNER OF ELECTION The more	SSC 7 1	
ARTICLE II	/ MANNER OF ELECTION The mar	nner in which the directors are elected and appointed ??	
irticle ii Ac stated	MANNER OF ELECTION The mar	SS I	
<u>ne eikies</u>	by the by-taps.	nner in which the directors are elected and appointed $\frac{1}{100}$	
RTICLE V	INITIAL OFFICERS AND/OR DIRECT	nner in which the directors are elected and appointed $\frac{1}{100}$	
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	nner in which the directors are elected and appointed $\frac{1}{100}$	
IRTICLE V	INITIAL OFFICERS AND/OR DIRECT	nner in which the directors are elected and appointed $\frac{1}{1}$	
RTICLE V	INITIAL OFFICERS AND/OR DIRECT	nner in which the directors are elected and appointed No. 2007 No.	
RTICLE V	INITIAL OFFICERS AND/OR DIRECTION Thibault Adrien, President  853 Broadway FL 5  New York, NY 10003	nner in which the directors are elected and appointed.  CTORS  Name and Title:	
RTICLE V Name and Ti	INITIAL OFFICERS AND/OR DIRECT  tle:  Thibault Adrien, President  853 Broadway FL 5  New York, NY 10003  Christopher Mataia, Vice President	nner in which the directors are elected and appointed.  CTORS  Name and Title:	
Name and Ti	INITIAL OFFICERS AND/OR DIRECT  tle:  Thibault Adrien, President  853 Broadway FL 5  New York, NY 10003  Christopher Mataia, Vice President	nner in which the directors are elected and appointed.  CTORS  Name and Title:  Address:	
Name and Ti	INITIAL OFFICERS AND/OR DIRECT  tle: Thibault Adrien, President  853 Broadway FL 5  New York, NY 10003  Christopher Mataja, Vice President	nner in which the directors are elected and appointed.  CTORS  Name and Title:  Name and Title:	
Name and Ti	INITIAL OFFICERS AND/OR DIRECT  tle:  Thibault Adrien, President  853 Broadway FL 5  New York, NY 10003  tle:  Christopher Mataja, Vice President  12802 Tampa Oaks Blvd, Suite 101	nner in which the directors are elected and appointed Name and Title:  Name and Title:	
RTICLE V Name and Ti Address Name and Ti	INITIAL OFFICERS AND/OR DIRECT  tle:  Thibault Adrien, President  853 Broadway FL 5  New York, NY 10003  Christopher Mataja, Vice President  12802 Tampa Oaks Blvd, Suite 101  Tampa, Fl. 33637	nner in which the directors are elected and appointed Name and Title:  Name and Title:	
ARTICLE IV  AC Cheles  IRTICLE V  Name and Ti  Address  Name and Ti  Address	INITIAL OFFICERS AND/OR DIRECT  tle:  Thibault Adrien, President  853 Broadway FL 5  New York, NY 10003  Christopher Mataja, Vice President  12802 Tampa Oaks Blvd, Suite 101  Tampa, Fl. 33637	nner in which the directors are elected and appointed	

Name and Title:_		Name and Title:	<del></del>
Address		Address:	<del></del>
_			
Name and Title:_		Name and Title:	
Address _		Address:	
_			<del></del>
	REGISTERED AGENT orida street address (P.O. Box NOT accep	table) of the registered agent is:	<b>202</b> : SEC
Name:	Incorporating Services, Ltd.	 	2023 HAR - SECRETAR
Address:	Tallahassee, FL 32301		~ -
	Tallanassee, FL 32301	بن البار البار	PH
ARTICLE VII The name and ac	INCORPORATOR  Idress of the Incorporator is:	<u> </u>	2:18
Name:	Christopher Mataja		
Address:	12802 Tampa Oaks Blvd, Suite 101		
	Tampa, FL 33637		
Effective date, if	EFFECTIVE DATE: other than the date of filing:		rs after the filing )
Note: If the date		plicable statutory filing requirements, this date wil	
		of process for the above stated corporation at the registered agent and agree to act in this capacity	place designated in this
		are true. I am aware that any false information su	Ďate
	100	2/28/23	
	Required Signature of Incorp	orator	Date