

N23000002484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

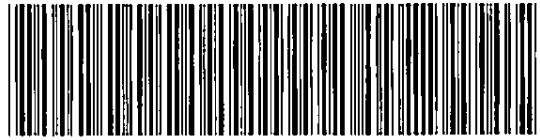
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200402998832

Consolidated
MAR - 9 2023

SECRETARY OF STATE
TALLAHASSEE, FL 32311

2023 MAR - 8 PM 1:34

FILED

03/08/23--01024--013 **70.00

TALLAHASSEE, FL 32311

2023 MAR - 8 PM 1:27

RECEIVED

COVER LETTER

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

SUBJECT: The Retreat at Wakulla County 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: Kyle Shaw

Name (Printed or typed)

1701 Hermitage Blvd, suite 100

Address

Tallahassee, FL 32308

City, State & Zip

850-597-7616

Daytime Telephone number

kyle@manausalaw.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: The Reatreat at Wakulla County Homeowners Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

191 Kinsey Road

Crawfordville, FL 32327

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Manage the homes and common areas in subdivision.

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

as provided for in the bylaws

FILED
2023 MAR -8 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Evan Perez - President

Address: 191 Kinsey Road

Crawfordville, FL 32327

Name and Title: Renee Perez - Vice President

Address: 191 Kinsey Road

Crawfordville, FL 32327

Name and Title: Susan Jones - Secretary

Address: 191 Kinsey Road

Crawfordville, FL 32327

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Kyle Shaw
Address: 1701 hermitage Blvd, suite 100
Tallahassee, FL 32308

FILED
2023 MAR -8 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kyle Shaw
Address: 1701 Hermitage Blvd, suite 100
Tallahassee, FL 32308

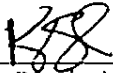
ARTICLE VIII EFFECTIVE DATE:

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

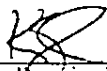


Required Signature of Registered Agent

3/8/23

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

3/8/23

Date