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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H23000115491 3)))



H230001154913ABC-

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To:

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

From:

Account Name : GARDNER BREWER HUDSON, P.A.
Account Number : I20060000058
Phone : (813)221-9600
Fax Number : (813)221-9611

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

Email Address: THudson @GardnerBrewer.com

FLORIDA PROFIT/NON PROFIT CORPORATION
LAKE ELLA ESTATES HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

SECRETARY OF STATE
JALMASSIE, FLORIDA

23 APR -5 PM 12:55

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W2

(850) 617-6381

3/28/2023 2:27:13 PM PAGE 1/001 Fax Server



March 28, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GARDNER BREWER HUDSON, P.A.

SUBJECT: LAKE ELLA ESTATES HOMEOWNERS ASSOCIATION, INC.
REF: W23000041821

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

There can only be one registered agent.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey
OPS ClerkFAX Aud. #: H23000115491
Letter Number: 823A00007118FILED
23 APR -5 PM 12:35
TALLAHASSEE, FLORIDA

TX Result Report

P 1

03/27/2023 16:24

Serial No. A7PU011029144

TC: 526583

Addressee	Start Time	Time	Prints	Result	Note
18506176381	03-27 16:22	00:02:02	003/003	OK	

Note: TX: TX, PD: Polling, Org: Original Size Setting, FME: From Error IS, DSG: Page Separation, BIX: Mixed or Irregular TX, CAL: Manual TX, CBT: Call, P: Forward, P: PC-FAX, BOD: Double-Sided Binding Direction, BOD: Special, Original, BOD: E-Code, BIX: Re-Fax, BIX: Relay, BIX: Confidential, BUL: Bulletin, SIP: SIP Fax, IPAD: IP Address Fax, I-FAX: Internet Fax

Result: OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF, TEL: RX from TEL, NO: Other Error, CONT: Continue, NO Ans: No Answer, Refused: Receipt Refused, Busy: Busy, E-Full: Memory Full, LOUD: Receiving length Over, FOUR: Receiving page Over, FLE: File Error, DCI: Decode Error, MDN: MDN Response Error, DSN: DSN Response Error, PRINT: Compulsory Memory Document Print, DEL: Compulsory Memory Document Delete, SEND: Compulsory Memory Document Send.

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

From: Account Name : GARDNER BREWER HUDSON, P.A.
Account Number : 120060000058
Phone : (813)221-9600
Fax Number : (813)221-9611

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

Email Address: THudson @GardnerBrewer.com

FLORIDA PROFIT/NON PROFIT CORPORATION
LAKE ELLA ESTATES HOMEOWNERS ASSOCIATION, INC.

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TALLAHASSEE, FLORIDA

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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: LAKE ELLA ESTATES HOMEOWNERS ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address:

390 N. ORANGE AVE., SUITE 1875

Mailing address, if different is:

ORLANDO, FLORIDA 32801

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: TO ENGAGE AS A NOT FOR PROFIT ORGANIZATION IN
PROTECTING VALUE OF THE PROPERTY, OF THE MEMBERS OF THE ASSOCIATION, AND OF THE ASSOCIATION.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: VOTE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: REGGIE BELL, President/Director

Address: 504 Rhett Street, Suite 200
Greenville, SC 29601

Name and Title: THOMAS MARRAH, Director

Address: 390 N. Orange Ave., Suite 1875
Orlando, FL 32801

Name and Title: RAJIB DAS, VP/Secretary/Director

Address: 390 N. Orange Ave., Suite 1875
Orlando, FL 32801

Name and Title:

Address:

Name and Title: DHIREN PATEL, Treasurer

Address: 390 N. Orange Ave., Suite 1875
Orlando, FL 32801

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: Tyler J. HudsonAddress: 400 N. ASHLEY DRIVE, SUITE 1100TAMPA, FLORIDA 33602**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Thomas MarrahAddress: 390 N. Orange Ave., Suite 1875Orlando, FL 32801**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

3/27/2023

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

3/27/2023

Date

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