

N23 00000 5154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

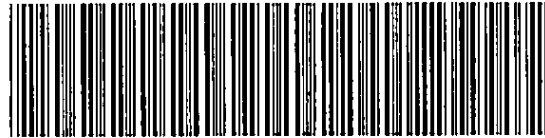
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W230000 59303

Office Use Only



500406456035

[Handwritten signature]

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2023 APR 21 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FL

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2023 APR 21 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



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 4/21/2023

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1142087

ORDER ENTITY

THE PRESERVE AT CRYSTAL SPRINGS OWNERS ASSOCIATION, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

THE PRESERVE AT CRYSTAL SPRINGS OWNERS ASSOCIATION, INC. (FL)

New corp filing

NOTES:

\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

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

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

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.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2023

INCSERV

Please honor the
original submission date
as the file date. Thanks! :)

SUBJECT: THE PRESERVE AT CRYSTAL SPRINGS OWNERS
ASSOCIATION, INC.
Ref. Number: W23000059303

We have received your document for THE PRESERVE AT CRYSTAL SPRINGS OWNERS ASSOCIATION, INC.. However, the document has not been filed and is being returned for the following:

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

Karen Lovelace
Regulatory Specialist II

Letter Number: 623A00009082

Please honor the
original submission date
as the file date. Thanks! :)

FILED

2023 APR 21 AM 9:07

DEPT. OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 APR 26 AM 11:19

DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: The Preserve at Crystal Springs Owners Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1691 Phoeix Blvd, Suite 280

Atlanta, GA 30349

Mailing address, if different is:
3500 S DuPont Hwy

Dover, DE 19901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The Association is formed to: (i) provide for ownership, operation, maintenance, and preservation of the Common Areas

and improvements thereon; (ii) perform the duties delegated to it in the Declaration, Bylaws, and these Articles; and (iii)

administer the rights and interests of the Declarant, Builders, the Association, and the Owners.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As stated by the by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thibault Adrien, President

Address: 853 Broadway FL 5
New York, NY 10003

Name and Title: _____

Address: _____

Name and Title: Christopher Mataja, Vice President

Address: 12802 Tampa Oaks Blvd, Suite 101
Tampa, FL 33637

Name and Title: _____

Address: _____

Name and Title: Heidi Coppola, Secretary

Address: 853 Broadway FL 5
New York, NY 10003

Name and Title: _____

Address: _____

RECORDED
IN THE
OFFICE OF THE
CLERK OF THE
CITY OF TAMPA
FL

2023 APR 21 AM 9:07

FILED

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: _____
Incorporating Services, Ltd.

Address: _____
1540 Glenway Drive
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____
Christopher Mataja

Address: _____
12802 Tampa Oaks Blvd. Suite 101
Tampa, FL 33637

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

Melissa A. Moreau
Required Signature of Registered Agent

4/21/23
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.

[Signature]
Required Signature of Incorporator

4/20/23
Date

2023 APR 1 PM 9:00
FILED
CLERK OF THE
STATE OF FLORIDA
TALLAHASSEE