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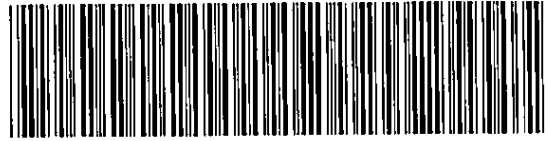
(Business Entity Name)

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2023 MAY 25 PM 2:35

STATE OF FLORIDA
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Residents' Council of Legacy Pointe at UCF, 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: Clare S. Pollard

Name (Printed or typed)

2184 Perseus Cove

Address

Oviedo, FL 32765

City, State & Zip

973 432-0892

Daytime Telephone number

residentscounciloflegacypointe@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: Residents' Council of Legacy Pointe at UCF, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2100 Hestia Loop

Oviedo, FL 32765

Mailing address, if different is:
2100 Hestia Loop

Apt. 504

Oviedo, FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: initiate and undertake activities for all lifecare residents at Legacy
Pointe at UCF as defined in Florida Statutes 651.011(26) and provided by its by-laws

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Weise, Mary K., President

Address: Apartment 504
2100 Hestia Loop
Oviedo, FL 32765

Name and Title: Pollard, Clare, Secretary

Address: 2184 Perseus Cove
Oviedo, FL 32765

Name and Title: _____

Address: _____

Name and Title: Ruhe, Carolyn, Vice President

Address: Apartment 518
2100 Hestia Loop
Oviedo, FL 32765

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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2023 MAY 25 PM 2:35
CLERK OF
DALE A. HASSELL, JR.
CLERK OF
DALE A. HASSELL, JR.

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: Mary K. Weise
Address: 2100 Hestia Loop, Apt. 504
Oviedo, FL 32765

ARTICLE VII INCORPORATOR

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

Name: Clare Pollard
Address: 2184 Perseus Cove
Oviedo, FL 32765

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ date of acceptance by Dept. of Stat. (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

Mary K. Weise
Required Signature of Registered Agent

5/22/23
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.

Clare Pollard
Required Signature of Incorporator

5/22/23
Date