

N 23000008747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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STATE
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COVER LETTER

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

SUBJECT: The Legacy of Fair Oaks Community 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: Toinette L. Gaines

Name (Printed or typed)

5019 N 34th Street

Address

Tampa, Florida 33610

City, State & Zip

813.992.0589

Daytime Telephone number

TheLegacyofFairOaks@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: The Legacy of Fair Oaks Community Association Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5019 N 34th St, Tampa, FL 33610

Mailing address, if different is:
611 Gay Road
Seffner Florida 33584

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: engage in activities the protect, enhance, grow and promotes economic development activities in the Fair Oaks Community

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Toinette L. Gaines, President</u>	Name and Title:	<u>Regina Virgil, Sec</u>
Address	<u>611 Gay Street Seffner Florida 33584</u>	Address:	<u>611 Gay Street Seffner Florida 33584</u>
	_____		_____

Name and Title:	<u>Rhonda Ellis, Vice President</u>	Name and Title:	<u>Ann Ellis, Treasurer</u>
Address	<u>611 Gay Street Seffner Florida 33584</u>	Address:	<u>611 Gay Street Seffner Florida 33584</u>
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

2023 J 2 14 5:25

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: Alison A. Hewitt

Address: 4904 N 32nd Street Tampa Florida 33610

ARTICLE VII INCORPORATOR

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

Name: Alison A. Hewitt

Address: 4904 N 32nd Street Tampa Florida 33610

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7-20-2023 (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

Alison A. Hewitt

Required Signature of Registered Agent

7/20/2023
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.

Jeinette L. Gaines

Required Signature of Incorporator

July 20 2023
Date

2023
JUL 20 5:25
PM
TAMPA