

N24000000578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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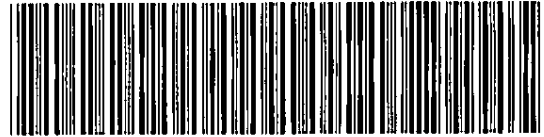
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FL 011

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## COVER LETTER

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

SUBJECT: Retreat at Mahan Phase 2 HOA, 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: Rick Singletary  
Name (Printed or typed)  
1400 Village Sq. Blvd #3, Box 141  
Address  
Tallahassee, FL. 32312  
City, State & Zip  
229-221-6294  
Daytime Telephone number  
rsingletary@hotmail.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: Retreat at Mahan phase 2 HOA, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1429 Alligator Dr.  
Alligator Pt. FL.  
32346

Mailing address, if different is:

1400 Village Sq. Blvd  
#3, Box 141  
Tallahassee, FL 32312

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Homeowner Association  
for a 99 home subdivision that is going to be  
built. The name of the subdivision is  
Retreat at Mahan phase 2.

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

Majority vote of homeowners

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Porter E. Chandler President

Address: 1400 Village Sq  
#3, Box 142  
Tallahassee, FL 32312

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: Richard L. Singletary Jr. VP & Treasurer

Address: 1400 Village Sq  
#3, Box 141  
Tallahassee, FL 32312

2024 1 1 6:06

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:

Richard L. Singletary, Jr.

Address:

1429 Alligator Dr.  
Alligator Pt. FL. 32346

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Richard L. Singletary, Jr.

Address:

1429 Alligator Dr.  
Alligator Pt. FL. 32346

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/19/24 (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*

Richard L. Singletary, Jr.

Required Signature of Registered Agent

1/19/24

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.*

Richard L. Singletary, Jr.

Required Signature of Incorporator

1/19/24

Date