

N24000001657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

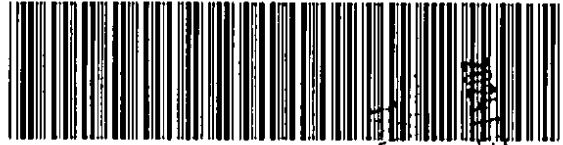
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400421866984

FILED
2024 FEB -9 AM 9:28
TALLAHASSEE, FL

10-12-13 11:11:11 4471.75

RECEIVED
2024 FEB -9 PM 12:01
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CANOPY RIDGE HOMEOWNERS' 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: Frances C. Lowe

Name (Printed or typed)

8-A Feli Way

Address

Crawfordville, FL 32327

City, State & Zip

850-926-8245

Daytime Telephone number

francie@francelowe.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: Canopy Ridge Homeowners' Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7947 Mallard Hill Drive

Crawfordville, FL 32327

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to maintain and repair the common driveways, shared natural landscape,
surrounding the homes and shared signage, if any, as well as assist and cooperate with the installation and service of utilities
for residential lots located within Canopy Ridge Subdivision.

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: Randall Bryan Smith / President

Address: 7949 Mallard Hill Drive
Crawfordville, FL 32327

Name and Title: Adam Kyle Lassiter / Secretary

Address: 7 Drake Elm Lane
Crawfordville, FL 32327

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2024 FEB -9 AM 9:28
STATE OF FLORIDA
TALLAHASSEE, FL

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: Randall Bryan Smith
Address: 7949 Mallard Hill Road
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

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

Name: Frances C. Lowe
Address: 68-A Feli Way
Crawfordville, FL 32327

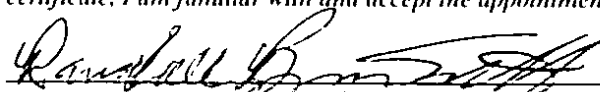
ARTICLE VIII EFFECTIVE DATE:

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.)

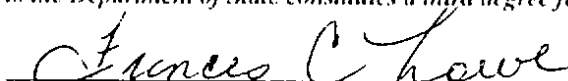
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

2-5-24
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.


Required Signature of Incorporator

2-7-2024
Date