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(Re	questor's Name)	
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	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

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

SUBJECT: Home Lo	ot Social Society Corp				
30 56 ECT	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed is an origin	nal and one (1) copy of the Art	icles of Incorporation and	a check for:		
□ \$70.00	□ \$78.75	□\$78.75	■ \$87.50		
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,		
	Certificate of Status	& Certified Copy	Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		

FROM:	Richard S. Rosenfeld
rkow.	Name (Printed or typed)
	121 Coco Plum Ln
	Address
	Marco Island FL 34145
	City, State & Zip
	239-393-2239
	Daytime Telephone number
	crosenfeld@comcast.net
1	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 The name of the	NAME e corporation shall be: Home Lot Social	Society Corp.	
	PRINCIPAL OFFICE		
121 C	Principal <u>street</u> address: Coco Plum Ln	Mailing address, if different is:	
Marco	o Island, FL 34145		
	r which the corporation is organized is:	for pleasure, social, recreactional and other similar purposes. The Home Lot to the general public, nor will it solicit anything from the general public.	
Membership is	open to any persons who are members	in good standing of the Hideaway Beach Association, Inc. The Home Lot	
ARTICLE V	INITIAL OFFICERS AND/OR DIR	elected at annual mtg anner in which the directors are elected and appointed: ECTORS	
Name and Title	Siegel, Dolores - President	Name and Title:	
Address	Marco Island, FL 34145	Address:	
Name and Title	Rosenfeld, Carolyn - Treasurer	Name and Title:	
Address	121 Coco Plum Ln	Address:	
-	Marco Island, FL 34145		
Name and Title	e:	Name and Title:	
Address		Address:	

Name and Title		Name and Title:	
Address			
Manay and Tisla			
ivaine and True	" <u> </u>	Name and True.	
Address		Address:	· · · · · · · · · · · · · · · · · · ·
<i>ARTICLE VI</i> The <u>name and</u>	REGISTERED AGENT Florida street address (P.O. Box NO		is:
Name:	Richard S. Rosenfeld		
Address:	121 Coco Plum Ln		
	Marco Island, FL 34145		
The <u>name and ac</u> Name: Address:	Carolyn Rosenfeld 121 Coco Plum Ln		
	Marco Island, FL 34145		
ARTICLE VIII Effective date, (If an effective	I EFFECTIVE DATE: if other than the date of filing: e date is listed, the date must be spe	. (OPTI	ONAL) days prior or 90 days after the filing.)
	ate inserted in this block does not med ective date on the Department of Stat		irements, this date will not be listed as the
	i familiar with and accept the appoint	ment as registered agent and agree to	ed corporation at the place designated in the oact in this capacity
	Required Signature of Reg		6/24/24 Date
I submit this do	cument and affirm that the facts state	SENFELD ad herein are true. I am aware that an	ry false information submitted in a document t
the Department	t of State constitutes a third degree fei	lony as provided for in s.817.155, F.S	6/24/24
	REquired Signature of CAROLYN ROS	of Incorporator ENFELD	Date
	·		. .