

N2410000104/97

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

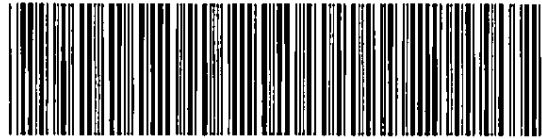
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TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL ORIDA

ga

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

946 CYPRESS VILLAGE BOULEVARD

CONDOMINIUM, INC.

Please Debit FCA000000003 For: 87.50

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In _____
114 - Penders Printing - Tallahassee, FL 32301

Will Pick Up _____

- ☒ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ☒ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
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- ___ UCC 11 Retrieval _____
- ___ Courier _____

STATE
TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: 946 CYPRESS VILLAGE BOULEVARD CONDOMINIUM, 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

SECRETARY OF STATE
TALLAHASSEE, FL

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FROM: MICHAEL ANTHONY

Name (Printed or typed)

936 CYPRESS VILLAGE BLVD., STE. A

Address

RUSKIN, FL 33573

City, State & Zip

813.503.9518

Daytime Telephone number

MICHAELANTHONY1942@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: 946 CYPRESS VILLAGE BOULEVARD CONDOMINIUM, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
936 CYPRESS VILLAGE BLVD., STE. A

RUSKIN, FL 33573

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: AS ARE AUTHORIZED UNDER CHAPTER 617 OF THE FLORIDA
STATUTES AND INCLUDE PROVIDING FOAR THE MAINTENACE, PRESERVATION, ADMINISTRATION, AND
MANAGEMENT OF 946 CYPRESS VILLAGE BOULEVARD CONDOMINIUM, A CONDOMINIUM UNDER THE
THE FLORIDA CONDOMINIUM ACT PURSUANT TO A DECLARATION OF CONDOMINUM RECORDED IN
HILLSBOROUGH COUNTY, FLORIDA

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ELECTED AT
BOARD MEETING BY OWNERS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL ANTHONY, MEMBER

Address: 936 CYPRESS VILLAGE BLVD, #A
RUSKIN, FL 33573

Name and Title: MATTHEW ANTHONY, MEMBER

Address: 936 CYPRESS VILLAGE BLVD. #A
RUSKIN, FL 33573

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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HILLSBOROUGH COUNTY, FL

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DEPARTMENT OF STATE
TALLAHASSEE, FL

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: MICHAEL ANTHONY
Address: 936 CYPRESS VILLAGE BLVD., #A
RUSKIN, FL 33573

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL ANTHONY
Address: 936 CYPRESS VILLAGE BLVD., #A
RUSKIN, FL 33573

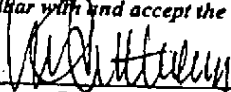
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: AUGUST 28, 2024 (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

8/28/24
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

8/28/24
Date