

N25000000974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

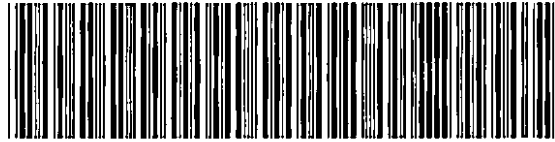
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2025 JAN 30 PM 9:47

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

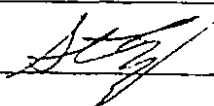
CAPITAL CONNECTION, INC.

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

HOMES NOT HOTELS, INC.

Please Debit FCA000000003 For: 87.50

Thank you Seth Neeley



Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- Art of Inc. File _____
- _____ LFD 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 _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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COVER LETTER

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

SUBJECT: Homes Not Hotels, 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

2025 JUN 30 PM 9:47

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FROM: Robert M. Coplen
Name (Printed or typed)

447-20th Avenue
Address

Indian Rocks Beach, Florida 33785
City, State & Zip

813-310-6992
Daytime Telephone number

bcirbt1@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: Homes Not Hotels, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
301 Harbor Drive

Mailing address, if different is:

Indian Rocks Beach, Fl 33785

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A non profit corporation formed to raise awareness in the Community concerning current public affairs and events relating to maintaining the quality of life in the barrier island community and all residential neighborhoods located throughout the state of Florida.

Upon dissolution of the corporation, all remaining assets shall be distributed to one or more exempt purposes within the meaning of IRC Section 501(c)(3), or corresponding section of any future tax code, or shall be distributed to the federal government, or a state or a state or local government, for a public purpose based upon a decision by the corporations Board of Directors.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carl Lan Vaughan, President/Director

Name and Title: Elizabeth Crisler, Secretary/Director

Address: 301 Harbor Drive
Indian Rocks Beach, Fl 33785

Address: 481 Harbor Drive North
Indian Rocks Beach, Fl 33785

Name and Title: Edward B. Bie, Treasurer/Director

Name and Title: _____

Address: 497- 20th Avenue
Indian Rocks Beach, Fl 33785

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: Robert M. Coplen _____

Address: 447-20th Avenue _____

Indian Rocks Beach, FL 33785 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert M. Coplen _____

Address: 447-20th Avenue _____

Indian Rocks Beach, FL 33785 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 30, 2025 (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:

Robert M. Coplen
Required Signature of Registered Agent

January 30, 2025
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.

Robert M. Coplen
Required Signature of Incorporator

January 30, 2025
Date

2025 JAN 30 09:47

FILED