

N1250000008587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

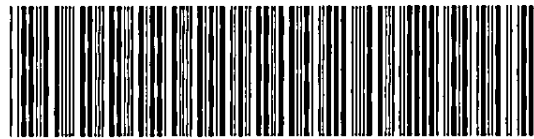
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2025 JUL 11 11:13

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# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 07/11/2025

**\*\*WALK IN\*\***

ENTITY NAME TILLMAN VILLAS HOMEOWNERS ASSOCIATION

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting:* \_\_\_\_\_

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 78.75

ACCOUNT # 120160000072

*W: C DW*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Tillman Villas Homeowners Association, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2601 West Lake Mary Blvd

Suite 105

Lake Mary, FL 32746

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: (i) provide for ownership, operation, maintenance and preservation of the Common Areas, and improvements thereon; ii) perform the duties delegated to it in the Declaration, Bylaws and these Articles; and (iii) administer the rights and interests of the Association and the Owners, in perpetuity unless properly dissolved in accordance with the Declaration. In the event of dissolution, the Declaration shall provide that any permitted projects shall be transferred to and maintained by the agency with jurisdiction over such permitted project.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Initially, named in bylaws. After turnover, election at annual meeting.

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

Name and Title: Brian Martin, President

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

Address 2601 West Lake Mary Blvd

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

Suite 105

Lake Mary, FL 32746

Name and Title: Ed Kassik, Vice President

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

Address 2601 West Lake Mary Blvd

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

Suite 105

Lake Mary, FL 32746

Name and Title: Sam Civil, Secretary/Treasurer

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

Address 2601 West Lake Mary Blvd

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

Suite 105

Lake Mary, FL 32746

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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: Melrose Management Partnership, L.L.C.

Address: 1600 W Colonial Drive

Orlando, FL 32804

**ARTICLE VII INCORPORATOR**

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

Name: Amanda G. Gomez, Esq.

Address: 396 Alhambra Circle, 14th Floor

Coral Gables, FL 33134

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**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*

/s/ Michelle Bibeau



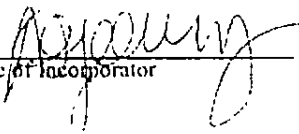
Required Signature of Registered Agent

6/25/2025

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.*

/s/ Amanda G. Gomez, Esq.



Required Signature of Incorporator

6/25/2025

Date