## TRANSMITTAL LETTER

JMN -9 98

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Certified Copy & Certificate

REQUIRED

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

-01/09/98--01032--007 \*\*\*\*\*70.00 \*\*\*\*\*70.00

(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<br>Filing Fee                                    | \$78.75 Filing Fee & Certificate     | \$122.50 Filing Fee & Certified Copy          | \$131.25<br>Filing Fee,<br>Certified C<br>& Certifica |
|--|--------------------------------------|---|---|
| PECEIVED<br>98 JAN -9 AM 11: 36<br>DIVIS:ON OF CORPORATION | 9053 Copple<br>Tall F/36<br>City, St | ated or typed)  Agin 2n dress  23// ate & Zip |   |
|  | Dayume Tel                           | ephone number                                 |   |

P. Hall \$1998

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

FILED 98 JAN -9 AM 1 32

| ADTIGITE I MARKE  | SECRETARY OF STATE                 |
|---|------------------------------------|
| The name of the corporation shall be:   | TALLAHASSEE, FLORIDA               |
| Neighbors of oakfair, Inc.  |                                    |
| ARTICLE II PRINCIPAL OFFICE   |                                    |
| The principal place of business and mailing address of this corporation shall                                       | be:                                |
| 9/05 Copperfair Ln  ARTICLE III PURPOSE(S)  The specific purpose(s) for which the corporation is organized is(are): | •                                  |
| to ensure positive and acceptable development   | ٤                                  |
| for hombowners of Oakfair Plantation and<br>Surrounding areas.  |                                    |
| Surrounding areas.  |                                    |
| ARTICLE IV MANNER OF ELECTION OF DIRECTORS  |                                    |
| The manner in which the directors are elected or appointed is:  Directors will be elected according to the          | Le bylaws.                         |
| 0   |                                    |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET AL  | DDRESS                             |
| The name and Florida street address of the initial registered agent are:  |                                    |
| Michael Biglie  |                                    |
| 9/05 Copperficin Ln<br>Tall F132311   |                                    |
| ARTICLE VI INCORPORATOR   |                                    |
| The name and address of the Incorporator to these Articles of Incorporation   | are:                               |
| Agnes Lunt  |                                    |
| 9093 coppletail Ln  |                                    |
| None Mount 1-8  | -98                                |
| Signature/Incorporator  | Date                               |
| (An additional article must be added if an effective date   | is requested.)                     |
|   |                                    |
| Having been named as registered agent and to accept service of process for the abo                                  | ve stated corporation at the place |

designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties,

Date

and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

## CERTIFICATE OF DESIGNATION OF FILED REGISTERED AGENT/REGISTERED OFFICE: 1 -9 AM 11: 32

SECRETARY OF STATE PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| the corporation is:           |
|-------------------------------|
| <br>Heightors of Oakfair Ame. |

2. The name and address of the registered agent and office is:

| Michael Bigbie  |
|---|
| (Name)  |
| 9/05 (cpperfair In<br>(P. O. Box or Mail Drop Box NOT ACCEPTABLE) |
| (P. O. Box or Matil Drop Box NOT ACCEPTABLE)                      |
| Tall, FL. 323//<br>(CITY/STATE/ZIP)                               |
| (CITY/STATE/ZIP)  |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

1-8-98 (DATE)