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TRANSMITTAL LETTER

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

FILED
00 FEB 14 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
8000031304107
-02/14/00-01087-011
*****87.50 *****87.50

SUBJECT: ORCHARD HILL South, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Joanne M. Gallo
Name (Printed or typed)

6002 Lejac Rd
Address

Boca Raton, FL 33496
City, State & Zip

561-994-2434
Daytime Telephone number

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

A CHIEF

FEB 17 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: ORCHARD HILL SOUTH, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6002 LeLac Rd
Boca Raton, FL 33496

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Lynn Mattice
11320 Coral Bay Dr.
Boca Raton, FL 33498

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Joanne M. Gallo
6002 LeLac Rd
Boca Raton, FL 33496

Joanne M. Gallo
Signature/Incorporator
Joanne M. Gallo

1-21-00

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 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

Lynn Mattice
Signature/Registered Agent

1/21/00

Date

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00 FEB 14 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA