# P06000049913

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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#### **COVER LETTER**

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

SUBJECT:	Lennox Co	MMUNITY TENAME-MUSTINGL	Developer	
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )/	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED	
		i <u>.                                    </u>		
FROM:	CloRIA	C. Mu	nesses	
	Name	(Printed or typed)		
		23rd Sq	# SW	
Naples F/ 34117				
				City, State & Zip
239 - V55 4// V  Daytime Telephone number				

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

### ARTICLES OF INCORPORATION FILE D

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLE I NAME The name of the corporation shall be:

LENNOX COMMUNITY DEVELOPERS, INC

## ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:

2225 23<sup>RD</sup> ST SW NAPLES, FLORIDA 34117

## ARTICLE III PURPOSE The purpose for which this corporation is organized is:

#### HOMES AND CONDOMINIUM DEVELOPMENT

## ARTICLE IV SHARES The number of shares of stock is

100

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

List name and addresses and specific title

**GLORIA C MORALES** 2225 23<sup>RD</sup> ST SW NAPLES, FL 34117

**PRESIDENT** 

FILED

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#### ARTICLE VI REGISTERED AGENT

SECRETARY OF STATE TALLAHASSEE, FLORIDA

GLORIA C MORALES 2225 23<sup>RD</sup> ST SW NAPLES. FL 34117

#### **ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

GLORIA C MORALES 2225 23<sup>RD</sup> ST SW NAPLES FL 34117

#### **ARTICLE VIII**

THE EFFECTIVE DAY OF THIS CORPORATION SHALL BE APRIL 15,2006

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.

Signature/Registered/Agent

Signature /Incorporator

Date