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11-23-09

COVER LETTER

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

SUBJECT: Holiday Isle Management, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Marion Jack Simpson

Name (Printed or typed)

604 Choctaw Drive

Address

Destin, Florida 32541

City, State & Zip

(850) 837-0204

Daytime Telephone number

jacksimpson@cox.net

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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Holiday Isle Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

888 Hwy 98 East
Destin, Florida 32541

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide management services to Community Associations.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Marion Jack Simpson, President
604 Choctaw Drive

Destin, Florida 32541

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

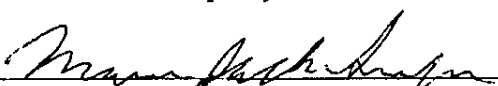
Marion Jack Simpson
604 Choctaw Drive
Destin, Florida 32541

ARTICLE VII INCORPORATOR

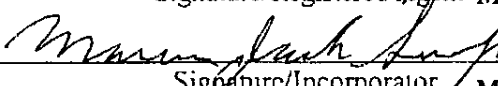
The name and address of the Incorporator is:

Marion Jack Simpson
604 Choctaw Drive
Destin, Florida 32541

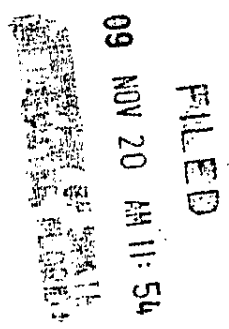
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent Marion Jack Simpson



Signature/Incorporator Marion Jack Simpson


11/17/09

Date

11/17/09

Date