## P12000057188

(Requestor's Name)					
(Address)					
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(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
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ECRETARY OF STATE
LLAHASSEE, FLORIDA

## **COVER LETTER**

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

SUBJECT: HOMEOWNERS ASSOCIATION MANAGEMENT OF ORANGE COUN	ITY	
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:	_	
\$70.00 Filing Fee & Certificate of Status  \$78.75 Filing Fee & Certificate of Status  \$78.75 Filing Fee & Filing Fee, & Certified Copy & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED	ſ	
	_	
FROM: HOMEOWNERS ASSOCIATION MANAGEMENT OF ORANGE COUNTY  Name (Printed or typed)	12	
2706 ALT. 19 NORTH SUITE 256 ≦≘		
Address	JUN 25	
PALM HARBOR, FLORIDA 34683  City, State & Zip	2	<u>.</u>
727.643.1160	PH 4: 27	
Daytime Telephone number		
DDENOVA1@YAHOO.COM  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)

	<u>NAME</u>		
The name of the cor	poration shall be: HOMEOWNERS ASSOCIA	ATION MANAGEMENT OF OF	RANGE COUNTY, INC.
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing add	lress, if different is:
2	706 ALT 19 N		,
	UITE 256		
P	ALM HARBOR, FLORIDA 34683		
ADVICE III	DIBROCE		
	PURPOSE  iich the corporation is organized is:		
1,			
ANY LAWFUL	_ PURPOSE		
	SHARES 100		
The number of share	es of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	) RS	
	le:DENISE DENOVA, PRESIDENT		
Address:	2706 ALT 19		
	SUITE 256		
	PALM HARBOR, FLORIDA 3468		
Name and Tit	le:	Name and Title:	
Address:			
radios.		Address.	1
			EU S T
	le:		
Address:		Address:	
		<del></del>	THE TO THE TOTAL PROPERTY OF THE TOTAL PROPE
		<del></del>	STATE FLORIDA
ARTICLE VI	REGISTERED AGENT		물을 #
The name and Flor	ida street address (P.O. Box NOT acceptable)	of the registered agent is:	9E 2
Name:	DENISE DENOVA		7
Address:	.2706 ALT 19 N SUITE 256		
	PALM HARBOR, FLORIDA 346	383	
ARTICLE VII	INCORPORATOR		
The name and add	ress of the Incorporator is:		
Name:	DENISE DENOVA		
Address:	2706 ALT 19 N SUITE 256	<del></del>	
	PALM HARBOR, FLORIDA 346	<u>883</u>	
Having been name	d as r <u>egistere</u> d agent to accept service of proc	ess for the above stated corpora	ation at the place designated in
this certifi <del>cate, I am</del>	familiar with and accept the appointment as r	registered agent and agree to act	in this capacity,
		- "	(1)
			6/18//2
	Required Signature/Registered Agent		Date
I aubust dit- d-	and and affirm that the first state of	, y , , , , , , , , , , , , , , , , , ,	
i submit this document to the De-	ment and affirm that the facts stated herein a	re true. I am aware that the fa	ntse information submitted in a
aocument to the De	partment of State constitutes a third degree fel	ony as proviaea for in 8.81/.155,	1
			6/10/10
	Required Signature/Incorporator		<u> </u>
	vedanca signamic/incorborator		/ Date