

P/4000068355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

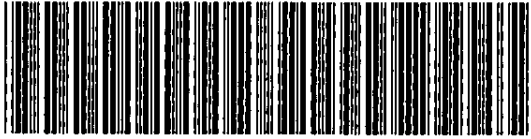
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

08/15/14

COVER LETTER

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

SUBJECT: South Atlantic Communities 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: Chris Pollard

Name (Printed or typed)

2422 S. Atlantic Avenue

Address

Daytona Beach Shores, FL 32118

City, State & Zip

386.236.0474

Daytime Telephone number

chris@chrispollard.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: South Atlantic Communities, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2422 S. Atlantic Avenue

Daytona Beach Shores, FL 32118

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Residential and Condominium Property Management

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chris Pollard - D

Name and Title: _____

Address 2422 S. Atlantic Avenue
Daytona Beach Shores,
Florida 32118

Address: _____

Name and Title: Jack L. Pollard - D

Name and Title: _____

Address 2422 S. Atlantic Avenue
Daytona Beach Shores
Florida, 32118

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
JULIA L. BROWN, CLERK

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Chris Pollard
Address: 2422 S. Atlantic Avenue
Daytona Beach Shores, FL 32118

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Chris Pollard
Address: 2422 S. Atlantic Avenue
Daytona Beach Shores, FL 32118

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

Chris Pollard

Required Signature/Registered Agent

8/6/14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Chris Pollard

Required Signature/Incorporator

8/6/14
Date