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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
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COVER LETTER

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

SUBJECT: Leeward Land Homes II, 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	\$78.75	□ \$87.50	
Filing Fee		Filing Fee	Filing Fee,	

Filing Fee Filing Fee & Certificate of Status

Certificate of Status & Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

ADDITIONAL COPY REQUIRED

ROM: Suzanne Lemmons		
Name (Printed or typed)		
PO Box 6994		
Address		
Spring Hill, FL 34611-6994		
City, State & Zip		
(352) 325-3025		
Daytime Telephone number		
suzanne@leewardland.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)

ARTICLE I NAMI The name of the corporation	en shall be: Leeward Land F	<u>lomes II,</u>	Inc.		
ARTICLE II PRINCIPAL OFFICE Principal street address 4124 Orchid Drive		Mailing address, if different is: PO Box 6994			
Hernando B	Hernando Beach, FL 34607		Spring Hill, FL 34611-6994		
ARTICLE III PURP The purpose for which the residential p	rose any lav	vful purp	ose related to		
ARTICLE IV SHA. The number of shares of s	RES 1,000		SECRETARY OF STATE FALLAHASSEE, FLORIDZ	2015 FEB -2 RM 2: 06	
Name and Title	Terry Lemmons, President	Name and Title:	Suzanne Lemmons, Vice F		
Address	4124 Orchid Drive Hernando Beach, FL 34607	Address:	4124 Orchid Di Hernando Beach, FL		
Name and Title:					
Name and Title:					

Name and	I Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Terry Lemmons		
Address:	4124 Orchid Drive		
	Hernando Beach, FL 34607		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Suzanne Lemmons		
Address:	4124 Orchid Drive		
	Hernando Beach, FL 34607	•	
	ned as registered agent to accept service of process am <u>familiar with</u> and accept the appointment as reg		
			01/27/2015
	Required Signature/Registered Agent	 .	Date
I submit this doc	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the fals	se information submitted in a F.S.
L.	lum & Temmons		01/27/2015
	Required Signature/Incorporator		Date