

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : TRIAD PROFESSIONAL SERVICES
Account Number : I20160000008
Phone : (850) 777-2091
Fax Number : (770) 220-1943

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
CRYSTAL RIVER PLANTATION CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

**S GILBERT
OCT 28 2016**

COVER LETTER

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

SUBJECT: CRYSTAL RIVER PLANTATION CORPORATION

(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Triad Professional Services

Name (Printed or typed)

1720 Windward Concourse, Suite 390

Address

Alpharetta, GA 30005

City, State & Zip

770-777-2091

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

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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: Crystal River Plantation Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
400 Curie Drive
Alpharetta, GA 30005

Mailing address, if different is:
400 Curie Drive
Alpharetta, GA 30005

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Ownership and operation of a golf course and development of land.

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ping Wang (President)

Address: 400 Curie Drive
Alpharetta, GA 30005

Name and Title: Brad Easly (VP/Secretary)

Address: 400 Curie Drive
Alpharetta, GA 30005

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

((H16000266331 3)))

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: NRAI Services, Inc.
 Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa A. Byrd
 Address: 3490 Piedmont Road NE, Suite 800
Atlanta, GA 30305

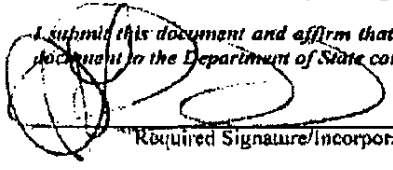
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

_____ Required Signature/Registered Agent	10/27/2016 _____ Date
<p><i>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.</i></p>	
 _____ Required Signature/Incorporator	10/27/2016 _____ Date

((H16000266331 3)))