

P1900007773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

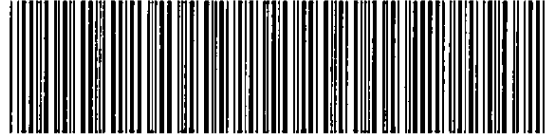
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OCT 16 2019

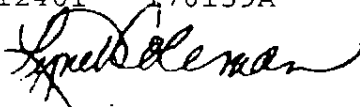
R. S. Smoley

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 012401 170159A

AUTHORIZATION :



COST LIMIT : \$ 70.00

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ORDER DATE : October 15, 2019

ORDER TIME : 9:03 AM

ORDER NO. : 012401-005

CUSTOMER NO: 170159A  
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DOMESTIC FILING

NAME: COLEMAN & COLEMAN GROUP, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT.# 62968

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** Coleman & Coleman Group, 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:** Bruce Brashear  
\_\_\_\_\_  
Name (Printed or typed)  
  
925 NW 56th Ter, Suite C  
\_\_\_\_\_  
Address  
  
Gainesville, FL 32605  
\_\_\_\_\_  
City, State & Zip  
  
(352) 336-0800  
\_\_\_\_\_  
Daytime Telephone number  
  
BBrashear@NFLaLaw.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 NAME**

The name of the corporation shall be: Coleman & Coleman Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

22206 N.W. 94TH AVENUE

P.O. Box 1583

ALACHUA, FL 32615

NEWBERRY, FL 32669

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to own, develop, manage and sell real estate  
and for all other legal purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 common shares par value \$.01 per sh

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JOAN E COLEMAN, P, D, S

Name and Title: \_\_\_\_\_

Address 22206 N.W. 94TH AVENUE

Address: \_\_\_\_\_

ALACHUA, FL 32615

Name and Title: MARK S COLEMAN, VP, D, T

Name and Title: \_\_\_\_\_

Address 22206 N.W. 94TH AVENUE

Address: \_\_\_\_\_

ALACHUA, FL 32615

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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2019 OCT 6 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

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: Bruce Brashear

Address: 925 NW 56th Ter., Suite C

Gainesville, FL 32605

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Bruce Brashear

Address: 925 NW 56th Ter., Suite C

Gainesville, FL 32605

**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 days prior or 90 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

10/15/2019

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.*



Required Signature/Incorporator

10/15/2019

Date