

P21000077542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

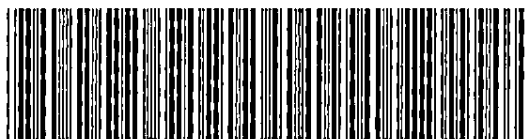
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2021 AUG 30 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

07/31/21 01:01 000 \*\*195.00

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2021 AUG 30 PM 4:24  
Office of State Operations  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

70

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) - (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 8/30 DANNY

**CERTIFIED COPY**

**XX PHOTOCOPY**

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**INC**

1. **ENCLAVE MANAGER, INC**  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** Enclave Manager, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

**ADDITIONAL COPY REQUIRED**

FROM: Kevin A. Denti, Esquire  
Name (Printed or typed)

2180 Immokalee Road - Suite #316  
Address

Naples, Florida 34110  
City, State & Zip

239-260-8111  
Daytime Telephone number

kdentia@dentilaw.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: Enclave Manager, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

999 Vanderbilt Beach Road

Suite #701

Naples, Florida 34108

Mailing address, if different is:

999 Vanderbilt Beach Road

Suite #701

Naples, Florida 34108

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in all lawful businesses  
authorized by Florida law.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Walter S. Hagenbuckle-President Name and Title: Walter S. Hagenbuckle-Director

Address 999 Vanderbilt Beach Road Address: 999 Vanderbilt Beach Road

Suite #701 Suite #701

Naples, Florida 34108 Naples, Florida 34108

Name and Title: Susana Davis-Vice President Name and Title: Susana Davis-Director

Address 999 Vanderbilt Beach Road Address: 999 Vanderbilt Beach Road

Suite #701 Suite #701

Naples, Florida 34108 Naples, Florida 34108

Name and Title: Susana Davis-Secretary Name and Title: Susana Davis-Treasurer

Address 999 Vanderbilt Beach Road Address: 999 Vanderbilt Beach Road

Suite #701 Suite #701

Naples, Florida 34108 Naples, Florida 34108

SECRETARY OF STATE  
TALLAHASSEE, FL

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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: Kevin A. Denti, Esquire  
Address: 2180 Immokalee Road-Suite #316  
Naples, Florida 34110

**ARTICLE VII INCORPORATOR**

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

Name: Kevin A. Denti, Esquire  
Address: 2180 Immokalee Road-Suite #316  
Naples, Florida 34110

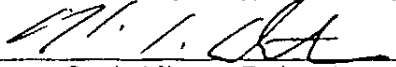
**ARTICLE VIII EFFECTIVE DATE:**

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.)

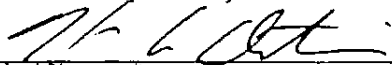
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

8/30/21  
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

8/30/21  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FL

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