

P21000090280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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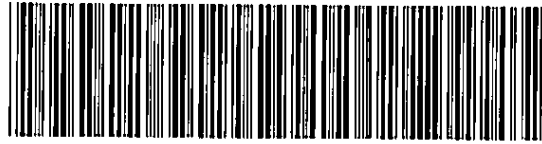
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

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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: 10/18 DANNY

CERTIFIED COPY

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INC

1. PEACHTREE CORNERS 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: Peachtree Corners 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:

☒ \$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: 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

kdenti@dentilaw.com

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

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: Peachtree Corners Manager, Inc.

SECRETARY OF STATE
TALLAHASSEE, FL

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: Albert Livingston-Vice President Name and Title: Albert Livingston - Director

Address 999 Vanderbilt Beach Road Address: 999 Vanderbilt Beach Road
Suite #701 Suite #701
Naples, Florida 34108 Naples, Florida 34108

Name and Title: Steven Harper - Secretary Name and Title: Nicholas Vician - Treasurer

Address 999 Vanderbilt Beach Road Address: 999 Vanderbilt Beach Road
Suite #701 Suite #701
Naples, Florida 34108 Naples, Florida 34108

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

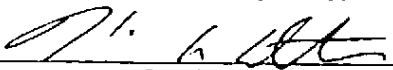
ARTICLE VIII EFFECTIVE DATE:

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

10/18/21
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

10/18/21
Date

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED