

P22000009100

(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



500379980565

RECEIVED

2022 FEB - 9 PM 3:46

ALLAHASSEE, FL

FILED

2022 FEB - 9 AM 10:34

SECRETARY OF STATE  
ALLAHASSEE, FL

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

ACCOUNT NO. : I20000000195

REFERENCE : 466825 7363367

AUTHORIZATION : 

COST LIMIT : \$ 70.00

-----  
ORDER DATE : February 9, 2022

ORDER TIME : 1:48 PM

ORDER NO. : 466825-005

CUSTOMER NO: 7363367  
-----

DOMESTIC FILING

NAME: WOODPOND MANOR HOLDINGS 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: Elylena Baker - EXT.

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

**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: WOODPOND MANOR HOLDINGS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12035 Polo Club Road

Wellington, Florida 33414

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: all lawful purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: Kathleen Kamine, CEO

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

Address 12035 Polo Club Road

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

Wellington, FL 33414

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
2022 FEB -9 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: Kathleen Kamine, CEO

Address: 12035 Polo Club Road

Wellington, Florida 33414

**ARTICLE VII INCORPORATOR**

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

Name: Kurt D. Olender

Address: 422 Morris Avenue

Summit, NJ 07901

**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*

Kathleen Kamine  
Required Signature/Registered Agent

2/9/22  
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.*

Kurt D. Olender  
Required Signature/Incorporator

2/9/22  
Date