

P22000023619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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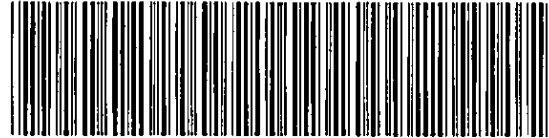
(Business Entity Name)

(Document Number)

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2022 MAR 30 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FL

3/31/22

COVER LETTER

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

SUBJECT: TP PINE ISLAND PARK, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Charles C. Jones, II Esq.

Name (Printed or typed)

1633 SE 47th Terrace

Address

Cape Coral, Florida 33904

City, State & Zip

239-542-0700

Daytime Telephone number

jones@joneshaberlaw.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 617, F.S., (Not for Profit)

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2022 MAR 30 PM 12: 07

**SECRETARY OF STATE
TALLAHASSEE, FL**

ARTICLE I NAME

The name of the corporation shall be: TP PINE ISLAND PARK, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
11637 Kelly Road, Suite 302

Mailing address, if different

Fort Myers, Florida 33908

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: property owners' association.

The Association shall have all the powers set forth in Section 617.0302, F.S.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: as stated by the bylaw

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raymond Masciana, President and Director

Name and Title: _____

Address: 11637 Kelly Road, Suite 302

Address: _____

Fort Myers, Florida 33908

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Charles C. Jones, II Esq.
Address: 1633 SE 47th Terrace
Cape Coral, Florida 33904

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Charles C. Jones, II Esq.
Address: 1633 SE 47th Terrace
Cape Coral, Florida 33904

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 of Registered Agent

03/15/2022

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

03/15/2022

Date