

P22000090361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

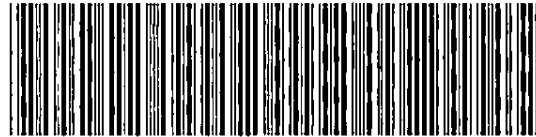
(Business Entity Name)

(Document Number)

Additional Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. CHATHAM  
DEC - 8 2022

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
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12/07/22--01027--004 \*\*135.00

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Beacon Residences 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)

**NOTE: Please provide the original and one copy of the articles.**

**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:** MISTY 12/7

**CERTIFIED COPY** \_\_\_\_\_

**XX PHOTOCOPY** \_\_\_\_\_

**CUS** \_\_\_\_\_

**XX FILING**

INC \_\_\_\_\_

**1. BEACON RESIDENCES MANAGER, INC.**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

File 1st

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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

**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: Beacon Residences 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.

FILED  
SECRETARY OF STATE  
DIVISION OF REVENUE  
JAN 21 2011  
TAMPA

**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: Timothy Green - 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

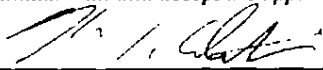
**ARTICLE VIII EFFECTIVE DATE:**

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.)

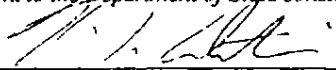
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

12/5/22  
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.*

  
Required Signature/Incorporator

Date 12/5/22

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