

95000050340
TRANSMITTAL LETTER

95 JUL 28 AM 10:47
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

700001525607
-06/28/95--01028--009
****122.50 ****122.50

SUBJECT: HOMES BY LIBBY, 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

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Elizabeth Spath - Leoni
Name (printed or typed)

8880 Caledonian Court
Address

Tallahassee, FL 32312
City, State & Zip

904-556-0623
Daytime Telephone number

Will
Wait

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: **HONES BY LIBBY, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
**8880 Caledonian Court
Tallahassee, FL 32312**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **100**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Elizabeth Spath - Leoni
8880 Caledonian Court
Tallahassee, FL 32312**

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Elizabeth Spath - Leoni
8880 Caledonian Court
Tallahassee, FL 32312

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28th day of JUNE, 19 95.


Signature
Elizabeth Spath-Leoni, President

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: HOMES BY LIBBY, INC.

2. The name and address of the registered agent and office is:

Elizabeth Spath-Leoni
(NAME)

8880 Caledonian Court
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tallahassee, FL 32312
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

JUNE 28, 1995
(DATE)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT -2 AM 9:44

10/18



DOCUMENT # **P95000050340**

1 Corporation Name

HOMES BY LIBBY, INC.

Principal Place of Business

**8880 CALEDONIAN COURT
TALLAHASSEE FL 32312**

Mailing Address

**8880 CALEDONIAN COURT
TALLAHASSEE FL 32312**

If above addresses are incorrect in any way, use through incorrect information and enter correction below

2 New Principal Office Address, if Applicable

3 New Mailing Office Address, if Applicable

4 Date Incorporated or Qualified
To Do Business in Florida

06/28/1995

Suite, Apt. #, etc

Suite, Apt. #, etc

5 FEI Number

59-3352453

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6 CERTIFICATE OF STATUS DESIRED ☒

\$8.75

Additional Fee required
for Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D V/D	Elizabeth Spath-Leoni	8880 Caledonian Ct	Tallahassee, FL 32312

**400001981634--7
-10/21/96--01061--027
***375.00 ***375.00**

8. Name and Address of Current Registered Agent

**SPATH-LEONI, ELIZABETH
8880 CALEDONIAN COURT
TALLAHASSEE FL 32312**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9.19.96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

9.19.96 (904)556-0623

Date

Daytime Phone #