

N22000004620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

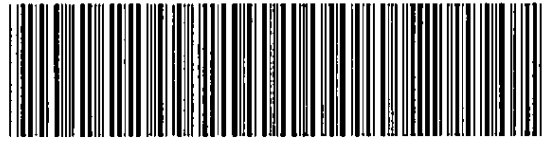
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 MAY 11 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FL  
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2022 MAY 11 PM 2:59  
OFFICE OF THE SECRETARY  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** OXFORD GATES HOMEOWNERS ASSOCIATION, 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:** STACY SMALL - SMITH THOMPSON SHAW

\_\_\_\_\_  
Name (Printed or typed)

3520 THOMASVILLE ROAD - 4TH FLOOR

\_\_\_\_\_  
Address

TALLAHASSEE, FL 32309

\_\_\_\_\_  
City, State & Zip

850-893-4105

\_\_\_\_\_  
Daytime Telephone number

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

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

**FILED**

2022 MAY 11 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF INCORPORATION  
OF  
OXFORD GATES HOMEOWNERS  
ASSOCIATION, INC.**

**I**

The name of the corporation shall be **OXFORD GATES HOMEOWNERS ASSOCIATION, INC.**

**II**

The duration of the corporation shall be perpetual.

**III**

The purpose for which the corporation is organized is to provide for the preservation of the values, amenities, attractiveness and desirability of real property known as **OXFORD GATES** located in Leon County Florida.

**IV**

The principal office of the corporation shall be located at 2940 Kerry Forest Parkway #101, Tallahassee, FL 32309.

**V**

The initial board of directors shall be three in number. Their names and addresses are as follows:

Tom Daniel

2940 Kerry Forest Parkway #101  
Tallahassee, FL 32309

Hadi Boulos

118 North Monroe Street  
Tallahassee, FL 32301

Michael Rayboun

105 West 5<sup>th</sup> Avenue  
Tallahassee, FL 32303

**VI**

The manner of election of directors is referred to in the Bylaws.

**VII**

The name and address of the incorporator is Tom Daniel, 2940 Kerry Forest Parkway #101, Tallahassee, FL 32309.

**VIII**

The name of the initial registered agent of the corporation is **SUSAN S. THOMPSON.**

**IX**

Every person that is a record owner of a lot in **OXFORD GATES** shall be a member of the Association. Membership is appurtenant to and may not be separated from ownership of any lot.

**X**

In the event of dissolution of the corporation, the assets shall be dedicated to a public body or conveyed to a non-profit organization with similar purposes.

**XI**

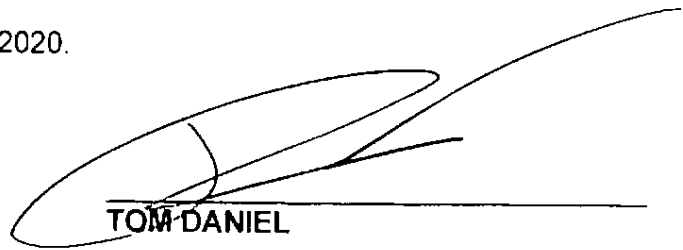
As long as there is Class B membership, the following actions will require the prior approval of FHA or VA: annexation of additional properties, mergers and consolidations,

mortgaging of common area, dedication of common area, dissolution and amendment of these articles.

XII

The Articles may be amended by the vote of at least 2/3 of the members.

DATED this 25 day of August, 2020.



TOM DANIEL

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

First—that **OXFORD GATES HOMEOWNERS ASSOCIATION, INC.** desiring to organize under the laws of the State of Florida with its principal office indicated in the articles of incorporation in the City of Tallahassee, County of Leon, State of Florida, has named **Susan S. Thompson, 3520 Thomasville Road, 4<sup>th</sup> Floor, Tallahassee, FL 32309** as its agent to accept service of process within this state.

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above corporation, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

  
\_\_\_\_\_  
SUSAN S. THOMPSON

2022 MAY 11 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

**FILED**