

STATE OF ALABAMA

DOMESTIC NONPROFIT CORPORATION
CERTIFICATE OF FORMATION

PURPOSE: In order to form a Nonprofit Corporation under Sections 10A-1-3.05 and 10A-3-3.02 of the Code of Alabama 1975, this Certificate of Formation and the appropriate filing fees must be filed with the Office of the Secretary of State. **The information required in this form is required by Title 10A.**

- 1. The name of the corporation: East Fifteen Cottages Property Owners Association, Inc.
- 2. A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached.
- 3. This nonprofit corporation (MUST check one):
 has Members or has no Members
- 4. Street (No PO Boxes) address of principal office of the corporation: _____
956 Commerce Loop, Suite A Gulf Shores, AL 36542
Mailing address of principal office (if different from street address): _____
P.O. Box 904 Gulf Shores, AL 36547
- 5. The name of the registered agent (only one agent): Edwin J Spence
Street (No PO Boxes) address of registered office (must be located in Alabama): _____
956 Commerce Loop, Suite A Gulf Shores, AL 36542
*COUNTY of above address: BALDWIN
Mailing address in Alabama of registered office (if different from street address): _____
P.O. Box 904 Gulf Shores, AL 36547 BALDWIN

(For SOS Office Use Only)	
Alabama Sec. Of State	
001-073-795	DNP
Date	04/11/2023
Time	17:35:00
File	\$100.00
County	\$100.00
Total	\$200.00

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6. Purpose for which corporation is formed: _____
Forming a corporation pursuant to the provisions of the Ala Nonprofit Corporation Law _____;
the purpose includes the transaction of any lawful business for which nonprofit corporations may be incorporated
in Alabama under Title 10A, Chapter 3 of the Code of Alabama.

7. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

8. The name(s) of the Incorporator(s): See attached _____
Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____
Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

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Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____
Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

9. The number of Directors constituting the initial Board of Directors is 3.
The initial Directors names and addresses must be listed in this Certificate of Formation.

Director's Name: See attached

Street (**No PO Boxes**) address of Director: _____

Mailing address of Director(s) - (if different from street address): _____

Director's Name: _____

Street (**No PO Boxes**) address of Director: _____

Mailing address of Director(s) - (if different from street address): _____

Director's Name: _____

Street (**No PO Boxes**) address of Director: _____

Mailing address of Director(s) - (if different from street address): _____

Director's Name: _____

Street (**No PO Boxes**) address of Director: _____

Mailing address of Director(s) - (if different from street address): _____

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Attach listing if more Directors need to be added (type “see attached” in the name line for the first Director on this form).

- 10. Unless an attachment to this Certificate of Formation provides that a change in the number of directors shall be made only by amendment to the Certificate of Formation, a change in the number of directors made by amendment to the bylaws shall be controlling. In all other cases, whenever a provision of the Certificate of Formation is inconsistent with a bylaw, the provision of the Certificate of Formation shall be controlling.

Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or regulation of the internal affairs of the nonprofit corporation, including any provisions for distribution of assets on dissolution or final liquidation.

*County of Registered Agent is requested in order to determine distribution of County filing fees

4 / 11 / 2023
Date (MM/DD/YYYY)

Edwin J. Spence
Signature as required by 10A-1-3.04
Organizer
Typed name of above signature

Additional Details

Directors

Director	Street Address	Mailing Address
Edwin J Spence	956 Commerce Loop, Suite A Gulf Shores, AL 36542	P.O. Box 904 Gulf Shores, AL 36547
Jim Brown	956 Commerce Loop, Suite A Gulf Shores, AL 36542	P.O. Box 904 Gulf Shores, AL 36547
Vicci Byrd	956 Commerce Loop, Suite A Gulf Shores, AL 36542	P.O. Box 904 Gulf Shores, AL 36547

Incorporators

Incorporator	Street Address	Mailing Address
Edwin J Spence	956 Commerce Loop, Suite A Gulf Shores, AL 36542	P.O. Box 904 Gulf Shores, AL 36547