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CHARTER NONPROFIT CORPORATION

SS-4418



Secretary of State

Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102 (615) 741-2286

Filing Fee: \$100.00

For Office Use Only

-FILED-

Control # 001622728

The undersigned, acting as incorporator(s) of a nonprofit corporation under the provisions of the Tennessee Nonprofit Corporation Act, adopt the following Articles of Incorporation.	. 44 <i>F</i>				
1. The name of the corporation is: Hillcrest Owners Association, Inc.	AM K®				
2. Name Consent: (Written Consent for Use of Indistinguishable Name) This entity name already exists in Tennessee and has received name consent from the existing entity.	Celv				
3. This company has the additional designation of: None	- Q				
4. The name and complete address of its initial registered agent and office located in the State of Tennessee is: M/I HOMES OF NASHVILLE, LLC KAYLEE HARMON 180 725 COOL SPRINGS BLVD FRANKLIN, TN 37067 WILLIAMSON COUNTY	by Tennessee				
5. Fiscal Year Close Month: December Period of Duration: Perpetual					
6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is: (none) (Not to exceed 90 days)	- Creta				
7. The corporation is not for profit.	ry o				
8. Please complete all of the following sentences by checking one of the two boxes in each sentence: This corporation is a public benefit corporation / Immutual benefit corporation. This corporation is a religious corporation / Immutual benefit corporation. This corporation will have members / Immutual benefit corporation.	- OI State				
9. The complete address of its principal office is: KAYLEE HARMON 180 725 COOL SPRINGS BLVD. FRANKLIN, TN 37067 WILLIAMSON COUNTY	Tre Harget				
(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)	Ċ				

RDA 1678 SS-4418 (Rev. 1/13)



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Th	The name of the corporation is: Hillcrest Owners Association, Inc. 10. The complete mailing address of the entity (if different from the principal office) is: KAYLEE HARMON 180 725 COOL SPRINGS BLVD. FRANKLIN, TN 37067					
10						
11. List the name and complete address of each incorporator:						
	Title	Name Name	Business Address	City, State, Zip	- ე	
	Incorporator	Kaylee Harmon	725 COOL SPRINGS BLVD. 180	FRANKLIN, TN 37067	- ∀	
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12	 12. School Organization: (required if the additional designation of "School Organization - Exempt" is entered in section 3.) I certify that pursuant to T.C.A. §49-2-611, this nonprofit corporation is exempt from the \$100 filing fee required by T.C.A. §48-51-303(a)(1). This nonprofit corporation is a "school support organization" as defined in T.C.A. §49-2-603(4)(A). 					
	☐ This nonprofit corporation is an educational institution as defined in T.C.A. §48-101-502(b).					
13. Insert here the provisions regarding the distribution of assets upon dissolution: In the event of dissolution of the Corporation, the residual assets of the Corporation (after all creditors of the Corporation have been paid), shall be distributed to the members prorated in accordance with their respective membership interests.						
14	14. Other Provisions:					
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(N	(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)					
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Electronic Signature			Incorporator Title/Signer's Capacity			
Jig	nature		The/Oigher's Capacity		D D	
Kaylee Harmon			Feb 7, 2025 10:44	AM	- 2	
Prir	Printed Name Date					

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