



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NAHT/SAHF Affordable Housing Communities 2019-2, Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Suzann Cunningham

Name of Person

National Affordable Housing Trust, Inc. (NAHT)

Firm/Company

2245 North Bank Drive, Suite 200

Address

Columbus, OH 43220

City/State and Zip Code

tjbrummett@naht.org

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

For further information concerning this matter, please call:

Suzann Cunningham

Name of Person

at ( 614 )

Area Code

226-2792

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$70.00 Filing Fee

\$78.75 Filing Fee &  
Certificate of Status

\$78.75 Filing Fee &  
Certified Copy

\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

2021 APR 22 PM 3:20

FILED

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

1. NAHT/SAHF Affordable Housing Communities 2019-2, Inc.  
 (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio 3. 84-2607705  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/01/2019 5. \_\_\_\_\_  
 (Date of Incorporation) (Date of duration, if other than perpetual)

6. 12/01/2020  
 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2245 North Bank Drive, Suite 200, Columbus, OH 43220  
 (Principal office street address)

(Current mailing address, if different)

8. Charitable organization providing syndicator services using low income housing tax credits for low income housing  
 (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Cogency Global, Inc.

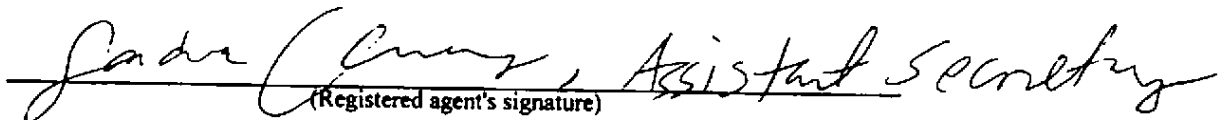
Office Address: 114 North Calhoun Street, Suite 4

Tallahassee, Florida 32301  
 (City) (Zip Code)

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 RECEIVED

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
 (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

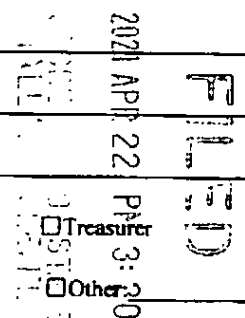
**A. DIRECTORS**

Chairman Name: Lori Little  
 Vice Chairman Address: 2245 North Bank Drive  
 Director Suite 200  
 President Columbus, OH 43220  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: Trustee  Other: \_\_\_\_\_

Chairman Name: Sam Merkle  
 Vice Chairman Address: 2245 North Bank Drive  
 Director Suite 200, Columbus, OH 43220  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Douglas Bates  
 Vice Chairman Address: 2245 North Bank Drive,  
 Director Suite 200, Columbus, OH 43220  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: Trustee  Other: \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_



Chairman Name: David S. Michaels  
 Vice Chairman Address: 2245 North Bank Drive,  
 Director Suite 200, Columbus, OH 43220  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: Trustee  Other: \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13: David S. Michaels  
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David S. Michaels, Trustee/Secretary  
 (Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show NAHT/SAHF AFFORDABLE HOUSING COMMUNITIES 2019-2, INC., an Ohio not for profit corporation, Charter No. 4363803, having its principal location in Columbus, County of Franklin, was incorporated on August 1, 2019 and is currently in GOOD STANDING upon the records of this office.*

FILED  
2021 APR 22 PM 3:20  
OHIO SECRETARY OF STATE



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 14th day of April, A.D. 2021.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202110403858