

P13000088607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000252711310

10/11/13--01028--003 \*\*78.75

FILED  
13 OCT 29 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W13-57096

**COVER LETTER**

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

**SUBJECT:** Signature Management Corp

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Michael B. Smith

Name (Printed or typed)

1117 Perimeter Center West, Suite N301

Address

Atlanta, GA 30338

City, State & Zip

678-993-1816

Daytime Telephone number

MBSmith@SignatureManagement.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 15, 2013

MICHAEL B. SMITH  
1117 PERIMETER CENTER W SUITE N301  
ATLANTA, GA 30338

SUBJECT: SIGNATURE MANAGEMENT CORP  
Ref. Number: W13000057096

*CORRECTED  
FORM  
10.21.13*

We have received your document for SIGNATURE MANAGEMENT CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 713A00024081

RECEIVED  
OCT 28 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** Signature Management Corp  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE** SIGNATURE MULTIFAMILY MANAGEMENT CORP.  
Principal ~~street~~ address Mailing address, if different is:  
1117 Perimeter Center West, Suite N301  
Atlanta, GA 30338

**ARTICLE III PURPOSE:** To provide professional property management  
The purpose for which the corporation is organized is: services to owners of multi-family apartment communities. Our specialty is affordable housing with special financing such as Low Income Tax Credits, Bonds, HOME Funds, Section 8, and all programs backed by HUD. Our firm operates and abides by all local and federal laws and any local regulations.

**ARTICLE IV SHARES** 100  
The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Michael B. Smith, President</u>	Name and Title:	<u>Scott H. Smith</u>
Address:	<u>1117 Perimeter Center West</u>	Address:	<u>1117 Perimeter Center West</u>
	<u>Suite N301</u>		<u>Suite N301</u>
	<u>Atlanta, GA 30338</u>		<u>Atlanta, GA 30338</u>

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

FILED  
13 OCT 29 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CT Corporation System  
 Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael B. Smith  
 Address: 1117 Perimeter Center West N30  
Atlanta, GA 30338

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

 **Sierra Burris**  
**Vice President & Assistant Secretary**  
 Required Signature/Registered Agent

10/9/2013  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
 Required Signature/Incorporator

FILED  
 19 OCT 29 AM 7:41  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA