## 23 Crim Department of State livision of Corp ration Electronic Printing Containment

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000422216 3)))



H230004222163ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

## FLORIDA PROFIT/NON PROFIT CORPORATION ACCESS HOUSING OF AMERICA INC.

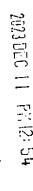
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

T.J.H 12/2/23



## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ACCESS HOUSING OF AMERICA INC.				
ARTICLE II PRINCIPAL OFFICE:				
The principal street address and mailing address is:				
6625 MIAMI LAKES DRIVE SUITE 468				
MIAMI LAKES, FLORIDA 33014				
ARTICLE III SHARES: The number of shares of stock is: 100				
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:				
JEFFREY LOPEZ (P)				
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:  The name and Florida street address (PO Box not acceptable) of the registered agent is:				
JEFFREY LOPEZ				
6625 MIAMI LAKES DRIVE SUITE 468				
MIAMI LAKES, FLORIDA 33014				
ARTICLE VI INCORPORATOR: The name and address of the Incorporator-is:				
JEFFREY LOPEZ				
ون 6625 MIAMI LAKES DRIVE SUITE 468				
MIAMI_LAKES. FLORIDA 33014				

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

Registered Agent 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.

12/11/2:023

Date

2023 DEC 11 PHI2: 5