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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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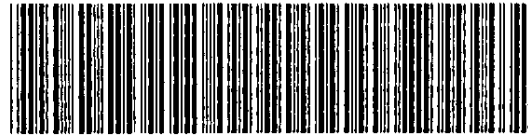
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/1

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Georgia HAP Administrators, 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", 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:

David A. Pope
(Name of Person)

James, Bates, Pope & Spivey, LLP
(Firm/Company)

231 Riverside Drive

Suite 100
(Address)

Macon, GA 31201
(City/State and Zip Code)

For further information concerning this matter, please call:

David A. Pope at (478) 749-9915
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$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

**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. **Georgia HAP Administrators, 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.)

2. **Georgia**

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. **August 23, 1999**

(Date of Incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **N/A**

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

7. **1975 Lakeside Parkway, #310**

(Principal office address)

Tucker, GA 30084

(Current mailing address)

8. **contract administration and housing compliance services for federally assisted properties**

(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: **NRAI Services, Inc.**

Office Address: **2731 Executive Park Dr., Ste 4**

Weston

(City)

Florida 33331

(Zip Code)

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.

NRAI Services, Inc.

Peter F. Souza
Assistant Secretary

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Please See Attached.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please See Attached.

Address: _____

Vice President: _____

Address: _____

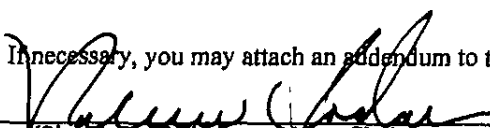
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. Valerie Todaro, Chief Executive Officer

(Typed or printed name and capacity of person signing application)

GEORGIA HAP ADMINISTRATORS, INC.

Officers

Valerie Todaro
Chief Executive Officer
1975 Lakeside Parkway
#310
Tucker, GA 30084

Karen Romaine Thomas, MBA
Chief Financial Officer
1975 Lakeside Parkway
#310
Tucker, GA 30084

Jeffery K. Wirrick, MPA, AHM
Chief Asset Management Officer
1975 Lakeside Parkway
#310
Tucker, GA 30084

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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GEORGIA HAP ADMINISTRATORS, INC.

Board of Directors

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

John C. "Cal" Anderson
825 N. Mayo Street
Americus, GA 31709-2627

Carmen Chubb
60 Executive Park South, NE
Atlanta, GA 30329

J. Richard Parker II
300 S. Rockspring St.
Athens, GA 30606

Debra Williams
301 Olive Street
Hinesville, GA 31313

E. Mike Proctor
230 John Wesley Dobbs Avenue, N.W.
Atlanta, GA 30303-2429

Bruce Gerwig
2015 Felton Avenue
P.O. Box 4928
Macon, GA 31208

Jacob L. Oglesby
1425 Walton Way
P.O. Box 3246
Augusta, GA 30914-3246

Pat Bennett
95 Cole Street
P.O. Drawer K
Marietta, GA 30061

Angela Strickland
1126 Albany Street
P.O. Box 1118
Brunswick, GA 31521-1118

Carolyn LaValley
1000 Wynnton Road
P.O. Box 630
Columbus, GA 31902-0630

Paul A. Pierce
750 Commerce Drive
Suite 110
Decatur, GA 30030

Control No. **K934907**

11 FEB 14 AM 7:00

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

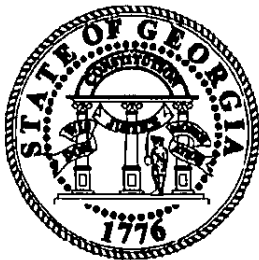
GEORGIA HAP ADMINISTRATORS, INC.

Domestic Non-Profit Corporation

was formed or was authorized to transact business on 08/23/1999 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 25th day of January, 2011

B. P. Kemp

Brian P. Kemp
Secretary of State