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COVER LETTER

_	stration Section sion of Corporations			
SUDJECT.	ARIZONA HOUSING INC.			
SUBJECTS	Name of Corporation	on – must include suffix		
Dear Sir or M	ladam:			
Affairs in Flo	"Application by Foreign Not for Profirida", "Certificate of Existence", or "Coove referenced not for profit corporations."	ertificate of Status" and ch	eck are submitted to	
Please return	all correspondence concerning this ma	tter to the following:		
	LOVETTE DOBSON			
	Name o	f Person		
	Firm/C	ompany		
	17350 STATE HWY 249, #220			
	Add	dress		
	HOUSTON, TX 77064			
	City/State a	nd Zip Code		
	EFILE1234@INCFILE.COM			
	E-mail address: (to be used for	future annual report notifies	ation)	
For further in	formation concerning this matter, plea	se call:		
LOVETTE D	OBSON at (1 888-462-3453		
	Name of Person	Area Code Daytime Te	lephone 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		
	check for the following amount: neck payable to: FLORIDA DEPARTMF ing Fee \$\Bigsim \$\frac{1}{2}\$\$ \$78.75 Filing Fee & Certificate of Status	ENT OF STATE □\$78.75 Filing Fee & Certified Copy	□\$87.50 Filing Fee, Certificate of Status Certified Copy	

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION T 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 AFFAIR: THE STATE OF FLORIDA:

(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) Arizona (State or country under the law of which it is incorporated) (Date of unorporation) (Date of Incorporation) (Date of unorporation) (Date of unorporation) (Principal office street address) (Current mailing address. If different) (Current mailing address. If different) (Current mailing address. If different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: LEGALING CORPORATE SERVICES INC. (City) (Fort MYERS Florida 13997 (Zip Code)	L ARIZONA H				
Arizona (State or country under the law of which it is incorporated) (Date of Incorporation) (Date of Incorporation, if other than perpetual) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability of the Incorporation of Incorporation and Street, Suite 100, Phoenix, AZ 85003 (Principal office street address) (Current mailing address, if different) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name: LEGALINC CORPORATE SERVICES INC. (Date of duration, if other than perpetual) (Perpetual (Parpotual (Pa	(Name of corpo import in langua in the name at p	ration: must include the word "INCORPORATED" or "CORPORATION" or words o age as will clearly indicate that it is a corporation instead of a natural person or partner resent. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corp	r abbrevia ship if no oration.)	itions of t so cont	like ained
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Name: LEGALINC CORPORATE SERVICES INC. Office Address: 5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS Florida 33907	9. Name and <u>su</u>	cet address of Florida registered agent. (1.0). Box MOT acceptable)	*	P	
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FORT MYERS Florida 33907	Name:	LEGALING CORPORATE SERVICES INC.		<u></u>	فعس
FORT MYERS Florida 33907	Office Address:	5237 SUMMERLIN COMMONS SUITE 400	1.	وَ	
(City) (Zip Code)		FORT MYERS Florida 33907			
		(City) (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, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dut 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 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 Name: ___ Name: Rob Schramm □ Chairman □Chairman ☐ Vice Chairman Address: ____ □ Vice Chairman Address: _______ 209 W. Jackson Street, Suite 100 209 W. Jackson Street, Suite 100 **■** Director □Director Phoenix, AZ 85003 Phoenix, AZ 85003 □President President □ Vice President ☐ Vice President ☐ Secretary Treasurer ■ Secretary Treasurer Other:____ □Other:____ Other: □Other:____ Name: Mark Holleran Howard Epstein □ Chairman □ Chairman Address: □ Vice Chairman □ Vice Chairman Address: 209 W. Jackson Street, Suite 100 209 W. Jackson Street, Suite 100 ■ Director ■ Director Phoenix, AZ 85003 Phoenix, AZ 85003 □President □President ■ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other:_____ ☐Other: ______ ☐ Other:____ □Other:____ □ Chairman Name: □ Chairman Name: ☐ Vice Chairman Address: ☐ Vice Chairman Address: _____ Director □Director ☐ President □ President □ Vice President ☐ Vice President □ Treasurer □ Secretary ☐ Secretary ☐ Treasurer □Other: _____ □Other:____ ☐ 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.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Douglas Tymins - President (Typed or printed name and capacity of person signing application)





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

ARIZONA HOUSING, INC.

ACC file number: 07649209

was incorporated under the laws of the State of Arizona on 12/22/1995;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, at fixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 05/05/2022.

Matthew Neubert, Executive Director



