

TRANSMITTAL LETTER

N000000006976

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

SUBJECT: metro dade north Housing Inc  
M D A H

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900003432799--0  
-10/20/00--01002--001  
\*\*\*\*262.50 \*\*\*\*\*87.50

Enclosed is 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

ADDITIONAL COPY REQUIRED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 OCT 19 PM 3:30

APPROVED  
AND  
FILED

FROM: Richard Kinlock  
Name (Printed or typed)

4141 n. miami ave #200  
Address

Miami, FL 33129  
City, State & Zip

305-438-0775  
Daytime Telephone number

RECEIVED  
00 OCT 19 PM 3:07  
DIVISION OF CORPORATION

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

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Metro Dade North Housing, Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4141 N. Miami Ave #200  
Miami FL 33127

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Low income housing

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

majority vote

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Richard Kinlock 4141 N. Miami Ave #200 Miami, FL 33127

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Richard Kinlock  
4141 N. Miami Ave #200 Miami, FL 33127

\*\*\*\*\*  
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.

Signature/Registered Agent

Date

Signature/Incorporator

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 OCT 19 PM 3:30

APPROVED  
AND  
FILED