AU BASSACTIC LETTER

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

SUBJECT: <u>Regional Property Associates, Inc.</u> (PROPOSED CORPORATE NAME - <u>MUST INCLUDE SUFFIX</u>)

500003562515--6 -01/22/01--01088--002 ******68.00 *****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

S \$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:	Cassandre L. Calixte			·· • · · · ·
	Name (Printed or typed)	. :	OI J SECT	
	<u>8640 Miramar Boulevard</u> Address		FILE AN 22 AHASSE	
	Miramar, Florida 33025 City, State & Zip		D AM 8: 40 E. FLORE	·
	(954) 536– 7539 Daytime Telephone number			-

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

1.24.D)

ARTICLES OF INCORPORATION

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

<u>ARTICLE I NAME</u> The name of the corporation shall be:

Regional Property Associates, Inc.

<u>ARTICLE II</u> <u>PRINCIPAL OFFICE</u> The principal place of business and mailing address of this corporation shall be:

8640 Miramar Boulevard, Miramar, Florida 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide affordable housing to low/mid income individuals and/or households.

<u>ARTICLE IV</u> <u>MANNER OF ELECTION</u> The manner in which the directors are elected or appointed:

Directors are appointed by Cassandre Calixte.

<u>ARTICLE V INITIAL DIRECTORS /OFFICERS</u> The name and addresses:

<u>ARTICLE VI</u> INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the registered agent is:

Cassandre Calixte 8640 Miramar Boulevard, Miramar, Florida 33025

<u>ARTICLE VII</u> INCORPORATOR The name and address of the Incorporator is:

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.

Sig ature Registered Agent- Cassandre Calixte

or number of the state

Date

Signature/Incorporator_ Cassandre Calixte