

NO 300000 5220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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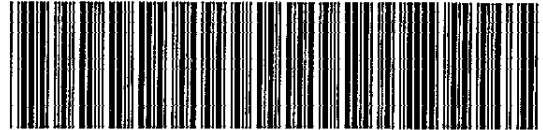
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUN 16 AM 8:31

JUN 18

TRANSMITTAL LETTER

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

SUBJECT: AVALON AT BUENA VISTA INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

FROM: HATTIE WILLIS
Name (Printed or typed)

5510 NW 1ST. AVE.,
Address

MIAMI, FLA. 33127
City, State & Zip

305-754-3993
Daytime Telephone number

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:

AVALON AT BUENA VISTA INC.

ARTICLE II PRINCIPAL OFFICE

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

5510 NW 1ST. AVE, MIAMI, FL. 33127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE HOUSING FOR LOW INCOME AND HOMELESS INDIVIDUALS
SEE ATTACHEMENT (AMENDED)

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY VOTE

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

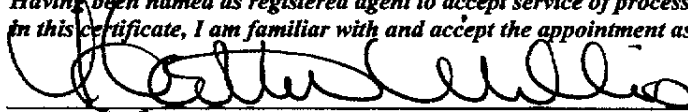
HATTIE WILLIS
5510 NW 1ST. AVE.
MAMI, FLA. 33127

ARTICLE VII INCORPORATOR

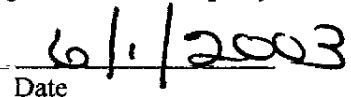
The name and address of the Incorporator is:

HATTIE WILLIS
5510 NW 1ST AVE
MIAMI, FLA. 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

FILED
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TALLAHASSEE, FLORIDA
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