MILOOOGIISAS

| (Re | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| . (Ad | dress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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PERSONA BEC O'S SALL

COVER LETTER

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

| SUBJECT: HHA I, Inc. | | | _ | |
|---|----------------------------|------------------------------------|-------------|---|
| (PROPOSED CORPORAT) | E NAME – <u>MUST INCLU</u> | DE SUFFIX) | | |
| | | | | |
| | | | | |
| Enclosed is an original and one (1) copy of the Artic | les of Incorporation and | a check for : | | |
| \$70.00 \$78.75 Filing Fee & | \$78.75 Filing Fee | \$87.50 Filing Fee, Certified Copy | | |
| Certificate of Status | & Certified Copy | & Certificate | | |
| | ADDITIONAL CO | OPY REQUIRED | | |
| | | 7 | 8 | |
| FROM: Nelson Lara | | LLA LLA | 2111 DEC | |
| Name (Pri | nted or typed) | HAS | EC -5 | Ŋ |
| 75 E, 6th Street | _ SEC | · , | | |
| Ad | ldress | # 10 G | PH RO | |
| Hialeah, FL 33010 | | | Stickled Ha | , |
| - | ate & Zip | | | |
| 305-888-9744 75 E. 6th Saysiane Tel | ephone number | | | |
| | • | | | |
| nlara@hialeahh E-mail address: (to be used for fi | ~ ~ | tion) | | |

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

ARTICLES OF INCORPORATION In compliance with Chapter 617, F.S., (Not for Profit)

| The name of the co | NAME HHA I, Inc. | |
|---|--|--|
| ARTICLE II | PRINCIPAL OFFICE | |
| | Principal street address | Mailing address, if different is: |
| | 75 E. 6th Street | |
| | Hialeah, FL 33010 | |
| ARTICLE III | PURPOSE | |
| The purpose for w | which the corporation is organized is: | |
| Development families. | t of low income housing units for elde | rly and other facilities to benefit low income |
| ARTICLE IV | MANNER OF ELECTION . The manner in | which the directors are elected and appointed: |
| Appointed by | the Hialeah Housing Authority. | |
| _ | INITIAL OFFICERS AND/OR DIRECTO | RS |
| Name and T | itie: Maida Gütierrez P/D | Name and Title: |
| Address: | 75 E. 6th Street | Address: |
| | Hialeah, Fl. 33010 | <u> </u> |
| Name and T | itle:Julio Ponce VP/D | Name and Title: |
| Address: | 75 E. 6th Street | Address: |
| | Hialeah, FL 33010 | |
| Name and T | itle: Jose Martinez Sec/D | Name and Title: |
| Address: | 75 E. 6th Street | Address: |
| | Hialeah, FL 33010 | |
| ARTICLE VI | REGISTERED AGENT | |
| | rida street address (P.O. Box NOT acceptable) o | f the registered agent is: |
| Name: | Nelson Lara | A 2 |
| Address: | 75 E. 6th Street | |
| | Hialeah, FL 33010 | - £2 R 🛶 |
| | | - ASS |
| ARTICLE VII | INCORPORATOR | m -< 01 |
| Namé: | Iress of the Incorporator is: Nelson Lara | 410 M |
| Address: | 75 East 6th Street | |
| 1 2 - 1 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | Hialeah FL 33010 | |
| Having been nam | ed as registered agent to accept service of proce | = SSS for the above stated corporation at the place designated in this |
| certificate, I am fai | miliar with and accept the appointment as register | ed agent and agree to act in this capacity |
| | AELONGARS - | 11/29/11 |
| | Required Signature of Registered Agent | Date |
| I submit this document | ment and affirm that the facts stated herein are to of Sta <u>te c</u> onstitutes a third degree felony as provid | rue. I am aware that any false information submitted in a document |
| w me reparanent | | / / |
| _ | Resorgans | 11/29/11 |
| · · · · · · · · · · · · · · · · · · · | Required Signature of Incorporator | Date |