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TALLAHASSEE, FLORIDA

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DEC 08 2015

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 9023187 4804241

AUTHORIZATION : *Spurden*

COST LIMIT : \$ 70.00

ORDER DATE : December 8, 2015

ORDER TIME : 10:46 AM

ORDER NO. : 902318-005

CUSTOMER NO: 4804241

DOMESTIC FILING

NAME: VOA LAS PALMAS AH GP, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** VOA Las Palmas AH GP, 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:** \_\_\_\_\_  
Name (Printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

**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: VOA Las Palmas AH GP, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1660 Duke Street

Alexandria, VA 22314

Mailing address, if different is:  
1201 Hays Street

Tallahassee, FL 32301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide elderly persons, disabled persons, and low-income persons with housing facilities and services, and to otherwise foster low-income housing.

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TALLAHASSEE FLORIDA

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: as provided for in the bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS.** SEE ATTACHED SCHEDULE A.

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **SCHEDULE A**

Address for all Directors and Officers: 1660 Duke Street, Alexandria, VA 22314

### Directors

Michael King,  
C. David Kikumoto  
John Morland  
Nancy Feldman  
Carol B. Moore  
Shawn Bloom  
Will Cooper  
Ann B. Schnare  
Michael Sullivan  
Karen Dale  
Stephen Wakefield  
Edwina Carrington  
James LeBlanc  
Jane W. Burks

### Officers

Michael King, President  
C. David Kikumoto, Chair  
John Morland, Vice Chair  
Nancy Feldman, Treasurer  
Carol B. Moore, Secretary  
Thomas Turnbull, Asst. Sec./Asst. Treas.  
Joseph Budzynski, Asst. Sec./Asst. Treas.  
Jane Cohen, Asst. Sec./Asst. Treas.  
Nancy Gavin, Asst. Sec./Asst. Treas.  
Deborah Perry, Asst. Sec./Asst. Treas.  
Patrick Sheridan, Assistant Secretary  
Robin Keller, Assistant Secretary

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ATTORNEY GENERAL  
10/11/07

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Services Company

Address: 1201 Hays Street  
Tallahassee, FL 32301

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Andrew Victor

Address: c/o Pepper Hamilton LLP  
600 Fourteenth Str. NW, Washington, D.C. 20005

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*



Required Signature of Registered Agent

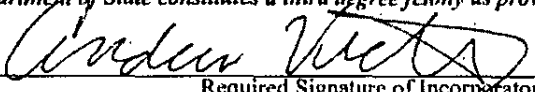
Melissa Zender

Asst. Vice President

12/8/15

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature of Incorporator

12/8/15

Date