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BUREAU OF CORPORATE  
15 DEC -4 PM 4: 36  
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15 DEC -4 PM 2: 08  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

DEC 18 2015  
T SCHROEDER

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

ACCOUNT NO. : I20000000195

REFERENCE : 865935 7973717

AUTHORIZATION :

COST LIMIT : \$ 70.00



ORDER DATE : November 9, 2015

ORDER TIME : 3:51 PM

ORDER NO. : 865935-001

CUSTOMER NO: 7973717

DOMESTIC FILING

NAME: EQUAL COMMUNITY HOUSING  
OPPORTUNITIES II, 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:** Equal Community Housing Opportunities II, 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: Lauren Panton  
Name (Printed or typed)

312 NW 15 Ave  
Address

Panhandle Pines FL 33028  
City, State & Zip

954-684-1208  
Daytime Telephone number

LaurenPanton@Comcast.com  
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: EQUAL COMMUNITY HOUSING OPPORTUNITIES II, INC

**ARTICLE II. PRINCIPAL OFFICE**

Principal street address:  
312 N.W. 153rd Ave.

Mailing address, if different is:

Pembroke Pines, FL 33028

**ARTICLE III. PURPOSE**

The purpose for which the corporation is organized is: LOW INCOME HOUSING

RECORDED  
IN OFFICE OF STATE  
SECRETARY OF FLORIDA  
NOV 11 2009  
PM 2:08

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**ARTICLE IV. MANNER OF ELECTION** The manner in which the directors are elected and appointed: as stated in the bylaws.

**ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lauren Tanton Name and Title: \_\_\_\_\_  
CEO

Address: 312 N.W. 153RD AVE. Address: \_\_\_\_\_  
PEMBROKE PINES FL 33028

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

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

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

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

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 Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAUREN V PANTON  
Address: 312 N.W. 153RD AVE.  
PEMBROKE PINES FL 33028

**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*

By: M. Zender Melissa Zender 12/4/15  
Required Signature of Registered Agent Asst. Vice President 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.*

L. Pantan 12-1-15  
Required Signature of Incorporator Date