

NI160000000736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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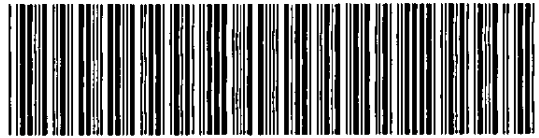
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

JAN 27 2016

T SCHROEDER

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

PICK UP: 1/27

- ☐ CERTIFIED COPY \_\_\_\_\_
- ☒ PHOTOCOPY \_\_\_\_\_
- ☐ CUS \_\_\_\_\_
- ☒ FILING \_\_\_\_\_

1. Southeast Florida chapter of the National Association  
(CORPORATE NAME AND DOCUMENT #)  
of Residential Property Managers, Inc.
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

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

## COVER LETTER

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

**SUBJECT:** Southeast Florida chapter of the National Association of Residential Property Managers, 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:** ADAM SALDANA  
\_\_\_\_\_  
Name (Printed or typed)

1701 DIRECTORS BLVD.; SUITE 300  
\_\_\_\_\_  
Address

AUSTIN, TX 78744  
\_\_\_\_\_  
City, State & Zip

888-705-7274  
\_\_\_\_\_  
Daytime Telephone number

ORDERS@RASI.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: Southeast Florida chapter of the National Association of Residential Property Managers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
8240 Mills Dr.

Miami FL, 33183

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

1. Establish a permanent trade association in the residential property management industry in the Counties of Miami-Dade, Broward and Palm Beach
2. To promote a standard of business ethics, professionalism and fair practices among its members.
3. To establish and promote education of its members.
4. To provide and promote an exchange of ideas regarding residential property management.
5. To educate and promote legislative initiative in the Southeast Florida area

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

Elections are conducted via the annual chapter meeting by the executive committee and a majority vote of the membership must approve.

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

Name and Title: Jennifer Mendoza, President

Address: 8240 Mills Dr.  
Miami FL, 33183

Name and Title: Ben Gene, Secretary

Address: 8240 Mills Dr.  
Miami FL, 33183

Name and Title: Eddie Miller, Vice President

Address: 9840 NE 2 Avenue  
Miami Shores, Florida 33138

Name and Title: Dave Harper, Director

Address: 8240 Mills Dr.  
Miami FL, 33183

Name and Title: Trisha Soman, Treasurer

Address: 8240 Mills Dr.  
Miami FL, 33183

Name and Title: Roger Schalk, Director

Address: 8240 Mills Dr.  
Miami FL, 33183

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Name and Title: Aleksei Sabido, Director

Address: 8240 Mills Dr.

Miami FL, 33183

Name and Title: Ayana Weaver, Director

Address: 8240 Mills Dr.

Miami FL, 33183

Name and Title: Todd Breen, Director

Address: 8240 Mills Dr.

Miami FL, 33183

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Registered Agent Solutions, Inc.

Address: 155 Office Plaza Dr. Suite A

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jennifer Mendoza

Address: 8240 Mills Dr.

Miami FL, 33183

**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



Date

1/26/16

*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

01/26/2016

Date

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TALLAHASSEE, FLORIDA

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