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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W/6-082377

$\pi$  02/10/17



## COVER LETTER

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

**SUBJECT:** Homestead Affordable Housing, 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:** Shane R. White, Sr.

\_\_\_\_\_  
Name (Printed or typed)

29355 S Dixie Highway

\_\_\_\_\_  
Address

Homestead, Florida 33033

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

(305)247-0639

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

swhite@hhahousing.org

\_\_\_\_\_  
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: Homestead Affordable Housing, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:  
29355 Dixie Highway

Homestead, Florida 33033

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: (Please see the attachment for Article III-Purpose and Article IV-

Manner of Election)

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: \_\_\_\_\_

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Michael Goodman - Chair</u>	Name and Title:	<u>Gerard Berrouet - Vice Chair</u>
Address	<u>29355 S Federal Highway</u>	Address:	<u>29355 S Federal Highway</u>
	<u>Homestead, FL 33033</u>		<u>Homestead, FL 33033</u>
Name and Title:	<u>Shane R. White, Sr - Secretary</u>	Name and Title:	<u>Carmen Rodriguez</u>
Address	<u>29355 S Federal Highway</u>	Address:	<u>29355 S Federal Highway</u>
	<u>Homestead, FL 33033</u>		<u>Homestead, FL 33033</u>
Name and Title:	<u>Marta Torres</u>	Name and Title:	<u>Marilu Villa</u>
Address	<u>29355 S Federal Highway</u>	Address:	<u>29355 S Federal Highway</u>
	<u>Homestead, FL 33033</u>		<u>Homestead, FL 33033</u>

Name and Title: Dahlia Pena Name and Title: \_\_\_\_\_  
 Address: 29355 S Federal Highway Address: \_\_\_\_\_  
Homestead, FL 33033 \_\_\_\_\_  
 \_\_\_\_\_  
 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: Shane R. White, Sr.  
 Address: 29355 S Dixie Highway  
Homestead, Florida 33033

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 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Shane R. White Sr.  
 Address: 29355 S Dixie Highway  
Homestead, Florida 33033

**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

11-30-2016  
 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

11-30-2016  
 Date



### **Article III**

Homestead Affordable Housing, Inc. (HAH), is being created to further expand the Homestead Housing Authority's (HHA) capacity to fulfill its mission and purpose which is to provide decent, safe and sanitary affordable housing of all types as needed within the City of Homestead and surrounding cities in Miami-Dade County. The responsibilities of this organization will include but not be limited to the types of activities listed below:

- ☐ Strategic Planning
- ☐ Acquisition
- ☐ Development of newly acquired properties for mixed income, mixed-use with superior quality
- ☐ Modernization and/or rehabilitation of existing properties
- ☐ Construction services and project administration
- ☐ Affordable Homeownership counseling and mentorship
- ☐ Developing special programs and networking existing social service delivery to its clients as necessary

### **Article IV**

All Directors are elected and appointed from the Homestead Housing Authority Board of Commissioners.