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Certified Copies	Certificates	s of Status
Special Instructions to F	-iling Officer:	
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COVER LETTER

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

Veterans Affordable Housing, Corporation

dahsr2@Yahoo.com

□ \$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 CO	PV REQUIRED
			- REQUIRED
FROM:	David Hall		7.·
FROM:		ne (Printed or typed)	- TALL
FROM: _			NI AHAS
FROM: _	Nam		ALL ANASSET

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

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

The name of the cor	<u>AME</u> poration shall be:	lousing Corporatio	on .		
ARTICLE II P	RINCIPAL OFFICE				
P	rincipal <u>street</u> address:		Mailing address, if differe	mt is:	
	ST RD 84 Unit 54 Davie, FL 33325	Same			

				<u> </u>	
ARTICLE III P	PURPOSE nich the corporation is organized is:	will provide for V	eterans and Seniors who are lo	oking to pu	ırchase
	thin the State of Florida. We can provide				
	the opportunity to purchase a new Modu				
	roval. We do not charge any fees or com				
	e Broker for the past 40 years BK 12629	·····			
	Seniors. We also have on our staff an Ore	 			
		****	· · · · · · · · · · · · · · · · · · ·		
have been in the pa	st a builder for the State of Florda Afford	dable Housing Ag	ency to provde 400 units in cer	ntral Florida	a.
ARTICLE IV M	ANNER OF ELECTION The manner	in which the direc	tors are elected and appointed:	Annualy by	/ member.
	· · · · · · · · · · · · · · · · · · ·				
ADTICLE IV IN	UTLAL ALEKTERE ANDVAR DIRECTE	. D.C		ŽUZU ĀLI	
	<u> ITIAL OFFICERS AND/OR DIRECTO</u>	_		HAI AHAI	<u> </u>
Name and Title:	vid A Hall Secretary	Name and Title:		335 7 - 7 8- 8	
	52 W ST RD 84 Unit 54 Davie FL 3332		-		1
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Name and Title:		Name and Title:			
Address		Address:			
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Name and Title:		Name and Title:_			
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Name and Title:	· , ·	Name and Title:	
Address _		Address:	
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Name and Title:		Name and Title:	
Address		Address:	
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	REGISTERED AGENT lorida street address (P.O. Box NOT acc	entable) of the registered ag	ant io
The manie and I	David Hall	chable) of the registered ag	in 18.
Name:	David Hall		
Address: 11352 W ST RD 84 Unit 54 Davie,FL 3		L 33325	
ARTICLE VII	INCORPORATOR		
The <u>name and a</u>	idress of the Incorporator is:		
Name:	David Hall		
Address:	11352 W ST Rd 84 Unit 54 Davie, F	TL 33325	
ADTICI E VIII	EFFECTIVE DATE:		
	other than the date of filing: as of Filing	date . (O	PTIONAL)
(If an effective o	late is listed, the date must be specific a		ive days prior or 90 days after the filing.)
	inserted in this block does not meet the tive date on the Department of State's re		equirements, this date will not be listed as the
Having been nai certificate, I am f	ned as registered agent to accept service amiliar with and accept the appointment	e of process for the above as registered agent and agr	stated corporation at the place designated in this ee to act in this capacity
	Danffall		05/06/2020
	Required Signature of Registere	d Agent	Date
I submit this doci the Department o	ment and affirm that the facts stated her f State constitutes a third degree felony a	ein are true. I am aware tha s provided for in s.817.155,	t any false information submitted in a document to F.S.
	Dan Hall		05/06/2020
	Required Signature of Inco	orporator	Date