

N21 00001694

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION HOME PROVIDERS OF AMERICA INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

17:05:44 10/05/2021

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: HOME PROVIDERS OF AMERICA INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address:2103 Coral Way Second FloorMiami Florida 33145

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Provide homes in low income neighborhood**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:Appointed by Halstead Homes Realty**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Brian Halstead</u>	Name and Title:	<u>Director President</u>
Address	<u>2131 SW 21 Terrace</u>	Address:	<u></u>
	<u>Miami Florida 33145</u>		<u></u>
Name and Title:	<u>Sonya Strnad</u>	Name and Title:	<u>Director Vice President</u>
Address	<u>2131 SW 21 Terrace</u>	Address:	<u></u>
	<u>Miami Florida 33145</u>		<u></u>
Name and Title:	<u>Dennis Halstead</u>	Name and Title:	<u>Director Secretary</u>
Address	<u>36 Settlement Street</u>	Address:	<u></u>
	<u>St Catherine Jamaica</u>		<u></u>

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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:

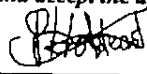
Name: Halstead Homes Realty
Address: 2103 Coral Way Second Floor
Miami Florida 33145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian Halstead
Address: 2131 SW 21 Terrace
Miami Florida

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

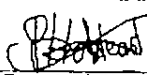


Required Signature of Registered Agent

09/24/2021

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

09/24/2021

Date

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