## N22000000 939

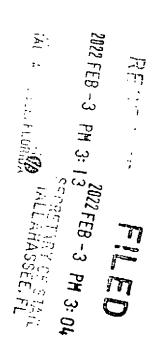
|   | (Requestor's Name)       |  |  |  |
|---|--------------------------|--|--|--|
|   | (Address)                |  |  |  |
|   | (Address)                |  |  |  |
|   | (City/State/Zip/Phone #) |  |  |  |
| PICK-UP                                 | WAIT MAIL                |  |  |  |
|   | (Business Entity Name)   |  |  |  |
| (Document Number)                       |                          |  |  |  |
| Сеплfied Copies                         | Certificates of Status   |  |  |  |
| Special Instructions to Filing Officer: |                          |  |  |  |
|   |                          |  |  |  |
|   |                          |  |  |  |
|   |                          |  |  |  |
|   |                          |  |  |  |

Office Use Only



400380990614

02/04/22--01001--003 \*\*70.00



## **COVER LETTER**

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

| SUBJECT: FLORIDA H          | OUSING FIRST INC.                               |                          |               |  |  |  |
|-----------------------------|---|--------------------------|---------------|--|--|--|
| SUBJECT:                    | (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) |                          |               |  |  |  |
|                             |   |                          |               |  |  |  |
|                             |   |                          |               |  |  |  |
|                             |   |                          |               |  |  |  |
| Enclosed is an original a   | and one (1) copy of the Artic                   | les of Incorporation and | a check for : |  |  |  |
| C 670 00                    | □ 630 7 <i>5</i>                                | ∏670 75                  | □ \$87.50     |  |  |  |
| <b>≡</b> \$70.00 Filing Fee | □ \$78.75<br>Filing Fee &                       | □\$78.75<br>Filing Fee   | Filing Fee,   |  |  |  |
| runig rec                   | Certificate of                                  | & Certified Copy         | _             |  |  |  |
|                             | Status  | at common copy           | & Certificate |  |  |  |
|                             |   | ADDITIONAL CO            | PV REQUEED    |  |  |  |
|                             |   | ADDITIONAL CO            | TREQUIRED     |  |  |  |
|                             |   |                          |               |  |  |  |
| rn O. I                     | TAYLOR ROSIER                                   |                          |               |  |  |  |
| FROM:                       | Name (Printed or typed)                         |                          | -             |  |  |  |
|                             | 1523 PINE FOREST DRIVE                          |                          |               |  |  |  |
| 10-0                        |   |                          |               |  |  |  |
| Address                     |   |                          |               |  |  |  |
| TALLAHASSEE, FL 32301       |   |                          |               |  |  |  |
| City, State & Zip           |   |                          |               |  |  |  |
|                             | 850-508-3074                                    |                          |               |  |  |  |
|                             | Daytim  | e Telephone number       | -             |  |  |  |

ROSIERTAYLOR@YAHOO.COM

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

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

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

| ARTICLE I The name of the                              | NAME E CORPORATION Shall be: FLORIDA HOUSING | G FIRST IN                       | C.   |             |
|--|--|----------------------------------|--|-------------|
|  | PRINCIPAL OFFICE                             |                                  |  |             |
| Principal <u>street</u> address:<br>310 BROWARD STREET |  | РО В                             | Mailing address, if different is: OX 2260                            |             |
| TALLAHASSEE, FL 32301                                  |  | TALI                             | LAHASSEE, FL 32316   | <u>.</u>    |
| EXCLUSIVE  | or which the corporation is organized is:    |                                  | ND SCIENTIFIC PURPOSES, INCLUDING, ANIZATIONS THAT QUALIFY AS EXEMPT | —           |
| ORGANIZAT  | IONS DESCRIBED UNDER SECTION 50              | 01(C)(3) OF THE                  | INTERNAL REVEUNE CODE OR CORRESPONDI                                 | NC          |
| SECTION OF   | ANY FUTURE FEDERAL TAX CODE. U               | JPON THE DISS                    | OLUTION OF THE ORGANIZATION, ASSETS                                  | _           |
| SHALL BE D   | ISTRIBUTED FOR ONE OR MORE EXE               | MPT PURPOSES                     | WITHIN THE MEANING OF SECTION 501(C)(3)                              | <del></del> |
| OR CORRESP   | PONDING SECTION OF ANY FUTURE I              | FEDERAL TAX C                    | CODE, OR SHALL BE DISTRIBUTED THE                                    | _           |
| ARTICLE V  |  |                                  | ectors are elected and appointed:                                    | 405         |
| Name and Title   | LISA MCKNIGHT, PRESIDENT                     | _ Name and Title                 | LOGAN MCKNIGHT, VP   |             |
| Address  | 310 BROWARD ST                               | Address:                         | 310 BROWARD STREET   |             |
| <del></del>  | TALLAHASSEE, FL 32301                        | _                                | TALLAHASSEE, FL 32301 Sm 282   |             |
| T<br>Name and Title:                                   | TAYLOR ROSIER, SECRETARY                     | <ul><li>Name and Title</li></ul> | —————————————————————————————————————                                |             |
| Address  | 1882 CAPITAL CIRCLE NE STE 102               | Address:                         |  |             |
|  | TALLAHASSEE, FL 32308                        | _                                |  |             |
| Name and Title:  |  | — Name and Title                 | :  |             |
| Address  |  | Address:                         |  |             |

Article 3
Purposes

## FLORIDA HOUSING FIRST, INC.

EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVEUNE CODE OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. UPON THE DISSOLUTION OF THE ORGANIZATION, ASSETS HALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE OR SHALL BE DISTRIBUTED THE FEDERAL GOVERNMENT OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. ANY SUCH ASSETS NOT DISPOSED OF SHALL BE DISPOSED OF BY A COURT OF COMPETENT JURISDICTION IN THE COUNTY IN WHICH THE PRINCIPAL OFFICE IS LOCATED.

|  | Name and Title:  |
|--|--|
|  | Address:   |
|  | _  |
|  |  |
|  | Name and Title:  |
|  | Address:   |
|  |  |
|  |  |
|  |  |
|  | entable) of the registered agent is:   |
| TAYLOR ROSIER  | epatre) of the registered agent in   |
| 1882 CAPITAL CIRCLE NE STE 102   | )2   |
| TALLAHASSEE, FL 32308  |  |
|  |  |
| INCORPORATOR   |  |
| TAYLOR ROSIER  |  |
| 1882 CAPITAL CIRCLE NE STE 10  | 02   |
| TALLAHASSEE, FL 32308  |  |
| EFFECTIVE DATE:  |  |
| other than the date of filing:   |  |
| e inserted in this block does not meet the a<br>ctive date on the Department of State's rec  | applicable statutory filing requirements, this date will not be listed as the cords.   |
| med as registered agent to accept service<br>familiar with and accept the appointment a      | e of process for the above stated corporation at the place designated in this as registered agent and agree to act in this capacity  |
|  | 1/31/22  |
| Required Signature of Registered   |  |
| amept and affirm that the facts stated here<br>of State constitutes a third degree felony as | ein are true. I am aware that any false information submitted in a document to<br>is provided for in s.817.155, F.S.   |
|  | 1/3/1/2  |
| Required Signature of Incom  | orporator Date L   |
|  | REGISTERED AGENT Iorida street address (P.O. Box NOT acc TAYLOR ROSIER  1882 CAPITAL CIRCLE NE STE 10 TALLAHASSEE, FL 32308  INCORPORATOR ddress of the Incorporator is: TAYLOR ROSIER  1882 CAPITAL CIRCLE NE STE 10 TALLAHASSEE, FL 32308  EFFECTIVE DATE: Tother than the date of filing: date is listed, the date must be specific as a single control of State's remainder with and accept the appointment  Required Signature of Registered american affirm that the facts stated here of State constitutes a third degree felony at the state of state o |