

N22 0000000972

(Requestor's Name)

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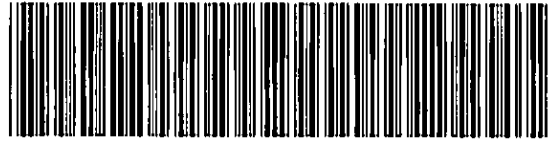
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
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DATE: 2/4/22

NAME: BHS/JMF SENIOR SOLUTIONS I, INC.

TYPE OF FILING: ARTICLES

COST: 78.75

RETURN: PLAIN COPY AD GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: BHS/JMF Senior Solutions I, Inc., a Florida not for profit corporation

(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: Salome J. Zikakis

Name (Printed or typed)

307 SE 14th Street

Address

Fort Lauderdale, FL 33316

City, State & Zip

954-728-9799

Daytime Telephone number

lisav@browardhousingsolutions.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: BHS/JMF Senior Solutions I, Inc., a Florida not for profit corporation

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DIVISION OF CORPORATION

ARTICLE II PRINCIPAL OFFICE

2022 FEB -4 PM 3:00

Principal street address:

305 SE 18th Court

Fort Lauderdale, FL 33316

Mailing address, if different is:

305 SE 18th Court

Fort Lauderdale, FL 33316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To provide affordable housing opportunities for low-income or homeless residents who also have mental illness.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Board meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pam Kane, Board Chair

Address: 305 SE 18th Court

Fort Lauderdale, FL 33316

Name and Title: Lisa Vecchi, President

Address: 305 SE 18th Court

Fort Lauderdale, FL 33316

Name and Title: Alan Methelis, Vice Chair

Address: 305 SE 18th Court

Fort Lauderdale, FL 33316

Name and Title: Tom Bluth, Treasurer

Address: 305 SE 18th Court

Fort Lauderdale, FL 33316

Name and Title: Lilly Runnebaum, Secretary

Address: 305 SE 18th Court

Fort Lauderdale, FL 33316

Name and Title: _____

Address: _____

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: Lisa Vecchi

Address: 305 SE 18th Court

Fort Lauderdale, FL 33316

ARTICLE VII INCORPORATOR

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

Name: Lisa Vecchi

Address: 305 SE 18th Court

Fort Lauderdale, FL 33316

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 days prior or 90 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

02/04/2022

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

02/04/2022

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 FEB -4 PM 3:00