

N 22000003954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

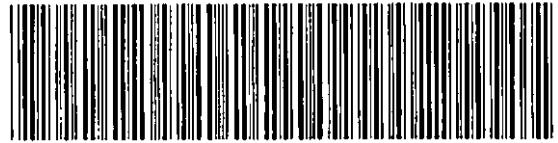
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 APR 21 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2022 APR 21 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** BIG BEND COMMUNITY HOUSING DEVELOPMENT, 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: TAYLOR ROSIER  
\_\_\_\_\_  
Name (Printed or typed)

1882 CAPITAL CIR NE STE. 102  
\_\_\_\_\_  
Address

TALLAHASSEE, FL 32308  
\_\_\_\_\_  
City, State & Zip

850-508-3074  
\_\_\_\_\_  
Daytime Telephone number

ROSIERTAYLOR@YAHOO.COM

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: BIG BEND COMMUNITY HOUSING DEVELOPMENT, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1882 CAPITAL CIRCLE NE STE. 102  
TALLAHASSEE, FL 32308

Mailing address, if different is:  
PO BOX 16375  
TALLAHASSEE, FL 32317

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
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  
SHALL 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 ....

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: TAYLOR ROSIER, PRESIDENT  
Address: 1882 CAPITAL CIRCLE NE STE. 102  
TALLAHASSEE, FL 32308

Name and Title: CHRISTOPHER DANIELS, VP  
Address: 1882 CAPITAL CIRCLE NE STE. 102  
TALLAHASSEE, FL 32308

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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2022 APR 21 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
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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: TAYLOR ROSIER  
Address: 1882 CAPITAL CIR NE STE 102  
TALLAHASSEE, FL 32308

**ARTICLE VII INCORPORATOR**

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

Name: TAYLOR ROSIER  
Address: 1882 CAPITAL CIR NE STE 102  
TALLAHASSEE, FL 32308

**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.)

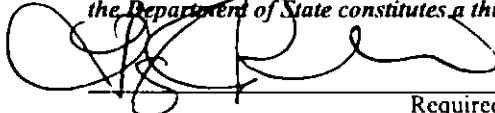
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

4/20/22  
\_\_\_\_\_  
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

4/20/22  
\_\_\_\_\_  
Date