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#### **COVER LETTER**

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

SUBJECT:	N MEWS REVELATIONS IN  (PROPOSED CORPO	DRATE NAME – MUST IN	CLUDE SUFFIX)	
Enclosed is an original a  \$70.00  Filing Fee	und one (1) copy of the Art  □ \$78.75  Filing Fee &  Certificate of  Status	□\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee,	
		ADDITIONAL CO	PY REQUIRED	
FROM:	STEVEN WARM	ne (Printed or typed)	SECRETARY ALLAHASSE	22 SEP -6 PH
	3867 SW 93RD TERRACE	Address	- **** - ******************************	1: 2
	GAINESVILLE, FL 32608	City, State & Zip	 _	<u>:</u> n
	352-373-8279	me Telephone number	_	
	SW@stevenwarm.com  E-mail address: (to be used for		<del>o</del> n)	

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 II	PRINCIPAL OFFICE				
3867 \$	Principal <u>street</u> address: SW 93rd Terrace	Mailing ad	Mailing address, if different is:		
Gaine	sville, FL 32608				
	PURPOSE  which the corporation is organized is:  discientific purposes with an initial focus or	his corporation is organized exclusivon providing and promoting affordab			
such purposes,	the making of distributions to organization	ns that qualify as exempt organization	ons under section 501((c)(3) of the		
Internal Reven	ue code, or the corresponding section of a	ny future federal tax code.			
ARTICLE IV	MANNER OF ELECTION The mann	ner in which the directors are elected a	ind annointed:		
	MANNER OF ELECTION The manner of the Directors then in office		e be only one.		
	vote of the Directors then in office	or by Declaration should there	e be only one.		
By majority	vote of the Directors then in office	or by Declaration should there	e be only one.  22 SEP -1  FALLAHAS		
By majority ————————————————————————————————————	vote of the Directors then in office	or by Declaration should there	e be only one.  22 SEP -1  FALLAHAS		
By majority  ARTICLE V  Name and Title	vote of the Directors then in office  INITIAL OFFICERS AND/OR DIRECTOR  WANDA COLLIER, DIRECTOR	or by Declaration should there  TORS  Name and Title:	be only one.  \$50RETARE ALLAHASS		
By majority  ARTICLE V  Name and Title  Address	wanda collier, director  14018 NW 23rd Ave.  GAINESVILLE, FL 32606	or by Declaration should there  TORS  Name and Title:  Address:	E be only one.  SECRETARY UT STATE  TALLIANASS EL TART		
By majority  ARTICLE V  Name and Title  Address	wanda collier, director  14018 NW 23rd Ave.  GAINESVILLE, FL 32606	or by Declaration should there  TORS  Name and Title:  Address:  Name and Title:	E be only one.  SECRETARY UT DIAMS TALLIANASS ELITARIS		
By majority  ARTICLE V  Name and Title  Address	wanda Collier, director  14018 NW 23rd Ave.  GAINESVILLE, FL 32606  McKINLEY COLLIER, DIRECTOR	or by Declaration should there  TORS  Name and Title:  Address:	E be only one.  SECRETARY UT DIAMS TALLIANASS ELITARIS		
By majority  ARTICLE V  Name and Title  Address  Name and Title  Address	WANDA COLLIER, DIRECTOR  14018 NW 23rd Ave.  GAINESVILLE, FL 32606  McKINLEY COLLIER, DIRECTOR  14018 NW 23rd Ave.  GAINESVILLE, FL 32606	or by Declaration should there  TORS  Name and Title:  Address:  Name and Title:  Address:	SECRETARY UT STATE		
By majority  ARTICLE V  Name and Title  Address	WANDA COLLIER, DIRECTOR  14018 NW 23rd Ave.  GAINESVILLE, FL 32606  McKINLEY COLLIER, DIRECTOR  14018 NW 23rd Ave.  GAINESVILLE, FL 32606	or by Declaration should there  TORS  Name and Title:  Address:  Name and Title:	SECRETARY UT STATE		

Name and Title:_		Name and Title:	
Address		Address:	
<del></del> -		<del></del>	
Name and Title:_		Name and Title:	
Address		Address:	
Audress			
_			
	REGISTERED AGENT		
The name and FI	orida street address (P.O. Box <b>NOT</b> acc	ceptable) of the registered agent is:	
Name:	STEVEN WARM, ESQUIRE		
Address:	3867 SW 93RD TERRACE		
	GAINESVILLE, FL 32608		
	<del></del>		
	INCORPORATOR  Idress of the Incorporator is:		
	STEVEN WARM, ESQUIRE		
Name: Address:	3867 SW 93RD TERRACE	<del></del> -	
Address.	GAINESVILLE, FL 32608		<b>22</b> (AL
ADTICLE VIII	EFFECTIVE DATE:	· ·	SEP T
Effective date if	other than the date of filing:		NAL)
(If an effective d	ate is listed, the date must be specific	and cannot be more than five d	ays prior or 90 days after the filing
Note: If the date	inserted in this block does not meet the	applicable statutory filing require	ements, this date will not be listed as the
document's effec	tive date on the Department of State's r	ecords.	29 F 2
			ုက ကိ
			d corporation at the place designated in this
certificate, I am J	amiliar with and accept the appointment	i as regisierea ageni ana agree io i	
			08/31/2022
	Required Signature of Register		Date
I submit this docu the Department o	iment and offirm that the facts stated he If State constitutes a third degree felony	rein are true. I am aware that any as provided for in s.817.155, F.S.	false information submitted in a document to
•	(M)		08/31/2022
	Required Signature of Inc	corporator	Date

# LEXINGTON MEWS REVELATIONS IN HOUSING INC ARTICLES OF INCORPORATION

### ARTICLE IX: PROVISIONS REGARDING THE DISTRIBUTION OF ASSETS UPON DISSOLUTION

Upon the dissolution or winding up of this corporation, its assets remaining after payment, or provisions for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable, educational and/or religious purposes and which has established it taxexempt status under Internal Revenue code section 501(c)(3).

SECRETARY OF STATE

TILEU)

#### **COVER LETTER**

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

[:	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
an original ar	nd one (1) copy of the Artic	cles of Incorporation and	a check for:
70.00	□ \$78.75	□\$78.75	□ \$87.50
g Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	STEVEN WARM		
TROWN.	Nam	e (Printed or typed)	- 2
	3867 SW 93RD TERRACE		ት ዘ የ ን
		Address	- 5
	GAINESVILLE, FL 32608		. · · · . · · · · · · · · · · · · · · ·
		City, State & Zip	<del>-</del>
	~	•	

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

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

SW@stevenwarm.com

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

ARTICLE I The name of the	NAME corporation shall be: LEXINGTON MEWS	S REVELATIONS IN HOUSING INC	<del>.</del>
	PRINCIPAL OFFICE		
3867 S	Principal <u>street</u> address: W 93rd Terrace	Mailing address, if different is:	
<del> </del>	ville, FL 32608		
educational and	which the corporation is organized is: scientific purposes with an initial focus o	his corporation is organized exclusively for charitable, religious in providing and promoting affordable housing and including fo	)T
		ns that qualify as exempt organizations under section 501((c)(3)	of the
Internal Revent	ne code, or the corresponding section of ar	ly future federal tax code.	
ARTICLE IV  By majority	<del></del> · ·	or by Declaration should there be only one.	
ARTICLE V		TORS SACT	
	INITIAL OFFICERS AND/OR DIREC	<del></del>	71
Name and Title	WANDA COLLIER DIRECTOR	Name and Title:	FILE
Name and Title Address	WANDA COLLIER DIRECTOR		FILE
	WANDA COLLIER, DIRECTOR	Name and Title:	FILED
Address	WANDA COLLIER, DIRECTOR  14018 NW 23rd Ave.  GAINESVILLE, FL 32606  McKINLEY COLLIER, DIRECTOR	Name and Title:	FILED
Address  Name and Title	WANDA COLLIER, DIRECTOR  14018 NW 23rd Ave.  GAINESVILLE, FL 32606  McKINLEY COLLIER, DIRECTOR	Name and Title:	FILED
Address	WANDA COLLIER, DIRECTOR  14018 NW 23rd Ave.  GAINESVILLE, FL 32606  McKINLEY COLLIER, DIRECTOR	Name and Title:	FILED
Address  Name and Title  Address	WANDA COLLIER, DIRECTOR  14018 NW 23rd Ave.  GAINESVILLE, FL 32606  McKINLEY COLLIER, DIRECTOR  14018 NW 23rd Ave.  GAINESVILLE, FL 32606	Name and Title:	FILED
Address  Name and Title	WANDA COLLIER, DIRECTOR  14018 NW 23rd Ave.  GAINESVILLE, FL 32606  McKINLEY COLLIER, DIRECTOR  14018 NW 23rd Ave.  GAINESVILLE, FL 32606	Name and Title:  Name and Title:  Address:  Address:	FILED

Name and Title:    Name and Title:   Name and Title:	Name and Title	::	Name and Title:		
Name and Title:  Address:  ARTICLE VI REGISTERED AGENT The name and Florida sirect address (P.O. Box NOT acceptable) of the registered agent is:  Name:  STEVEN WARM, ESQUIRE  Address:  GAINESVILLE, FL 32608  ARTICLE VII INCORPORATOR The name and address of the Incorporator is:  Name:  STEVEN WARM, ESQUIRE  Address:  GAINESVILLE, FL 32608  ARTICLE VII INCORPORATOR The name and address of the Incorporator is:  Name:  STEVEN WARM, ESQUIRE  Address:  GAINESVILLE, FL 32608  ARTICLE VIII EFFECTIVE DATE:  GAINESVILLE, FL 32608  ARTICLE VIII EFFECTIVE DATE:  GAINESVILLE of other than the date of filing:  (OPTIONAL)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will piol be listed as the document's effective date on the Department of State's records.  Having been named as registered agent to faccept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the applicatment as registered agent and agree to act in this capacity  O8/31/2022  Date  I submit this document and pfirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State beneatour the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State beneatour third degree felony as provided for in a 817.155, F.S.  08/31/2022	Address		Address:		
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Address:    3867 SW 93RD TERRACE	The <u>maine and</u>	<del></del> ,	eceptions of the registered agen-	. 10.	
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Address:  3867 SW 93RD TERRACE  GAINESVILLE, FL 32608  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (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  08/31/2022  Required Signature of Registered Agent  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 \$817.155, F.S.	The name and	<del></del>			
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		Required Signature of It	ncorporator		

## LEXINGTON MEWS REVELATIONS IN HOUSING INC ARTICLES OF INCORPORATION

## ARTICLE IX: PROVISIONS REGARDING THE DISTRIBUTION OF ASSETS UPON DISSOLUTION

Upon the dissolution or winding up of this corporation, its assets remaining after payment, or provisions for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable, educational and/or religious purposes and which has established it taxexempt status under Internal Revenue code section 501(c)(3).

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