N95000002963

FILED
95 JUN 21 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAZARUS CORPORATE INDUSTRIES, INC.
(Requestor's Name)
800 S.W. 87 AVENUE, SUITE:16
(Address)
MIAMI, FLORIDA 33174 (305)552-5973
(City, State, Zip) (Phone #)
LOCAL REPRESENTATIVE TALLAHASSEE
(904)385-6736

OFFICE USE ONLY

500001520805
-06/22/95--01068--001
****122.50 ~~****~~ 122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1. SOUTH FLORIDA FAMILY HOUSING, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

[ ] Walk in [X] Pick up time 2:00 [X] Certified Copy
[ ] Mail out [ ] Will wait [ ] Photocopy [ ] Certificate of Status

NEW FILINGS	
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

W95-12329

6-21-95

Examiner's Initials	

CR2E031(10/92)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 16, 1995

LAZARUS

TALLAHASSEE, FL

SUBJECT: SOUTH FLORIDA FAMILY HOUSING, INC.
Ref. Number: W95000012329

We have received your document for SOUTH FLORIDA FAMILY HOUSING, INC. and check(s) totaling $122.50. However, your check(s) and document are being returned for the following:

The document must include original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6903.

Nancy Hendricks
Corporate Specialist

Letter Number: 995A00029747

FILED
95 JUN 21 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

FOR

South Florida Family Housing, Inc.

The undersigned, acting as incorporator of a corporation pursuant to chapter 617, Florida Statutes, adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

South Florida Family Housing, Inc.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be:

5871 S.W. 14 Street
Miami, Fl. 33144

ARTICLE III PURPOSE

The specific purpose for which the corporation is organized is:

To provide affordable housing for
low to moderate income families.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is as

The method of election of the
directors shall be stated in the bylaws of
the corporation.

ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

No limitations

ARTICLE VI LIMITATION OF CORPORATE POWERS

The name and the street address of the initial registered agent is:

William Theodorides
5871 S.W. 14 Street
Miami, Florida 33144

ARTICLE VII INCORPORATORS

The name and street address of the incorporator for these Articles of Incorporation is:

William Theodorides
5871 S.W. 14 Street
Miami, Florida 33144

The undersigned incorporator has executed these Articles of Incorporation this 14 day of June, 19 95.

Signature of the Incorporator

William Theodorides William Theodorides

FILED

95 JUN 21 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: South Florida Family Housing, Inc.

2. The name and address of the registered agent and office is:

William Theodorides
5871 S.W. 14 Street
Miami, Fl. 33144

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature William Theodorides

Date 6/14/95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 OCT 18 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002963

1 Corporation Name

SOUTH FLORIDA FAMILY HOUSING, INC.

Principal Place of Business	Mailing Address
5871 S.W. 14 STREET MIAMI FL 33144	5871 S.W. 14 STREET MIAMI FL 33144

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, if Applicable	3 New Mailing Office Address, if Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4 Date Incorporated or Qualified To Do Business in Florida: 06/21/1995

5 FEI Number: 65-0589591 ☐ Applied For ☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	William Theodorides	5871 SW 14 St.	Miami, FL 33144
V/D	Philip Frieder	295 NW 72 Ave #308	Miami, FL 33126
S/D	Ray Horton	631 SW 61 Ave.	Miami, FL 33144

REINSTATEMENT 199.a
A. Mar
10-18-96

8. Name and Address of Current Registered Agent

THEODORIDES, WILLIAM
5871 S.W. 14 STREET
MIAMI FL 33144

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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-10/25/96--01045--025
****236.25 ****236.25

CR2E040 (7/96)

10 I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: William Theodorides — REGISTERED AGENT MUST SIGN

Date: 10-14-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑

(See other side for information on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: William Theodorides — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10-14-96

Daytime Phone #: 305-262-0455

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