

N99000000560

TRANSMITTAL LETTER

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

900002759839--1  
-02/01/99--01006--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: New Mount Zion Community Development 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: IRA L. GAINES  
Name (Printed or typed)

14216 VICTORIA STREET  
Address

TALLAHASSEE, FL 32310  
City, State & Zip

414-7033  
Daytime Telephone number

99 JAN 28 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

DMC  
1/28/99

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

**ARTICLES OF INCORPORATION**

**FILED**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

99 JAN 28 PM 4: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

*New Mount Zion Community Development Corporation*

**ARTICLE II PRINCIPAL OFFICE**

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

*P.O. Box 3948, Tallahassee, FL 32315*

**ARTICLE III PURPOSE(S)**

The specific purpose(s) for which the corporation is organized is(are):

*Promote the development of adequate low cost housing to meet the needs of the elderly and low to moderate income persons. Engage in non-profit rental housing for low income persons. Expand housing opportunities for the elderly.*

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

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

The Board of Directors will be appointed by the members of the community.

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

CUMMINGS, HOBBS & WALLACE, P.A.

*462 West Broadway Street  
Tallahassee, FL 32301*

**ARTICLE VI INCORPORATOR**

The name and address of the Incorporator to these Articles of Incorporation are:

*Dra L. Bause; 1426 Victoria Street; Tallahassee, FL 32310*

*Dra L. Bause*

Signature/Incorporator

*1/27/99*

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated 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]*

Signature/Registered Agent

*1/27/99*

Date

BARBARA K. HOBBS, PARTNER IN THE FIRM