

PI/0000037191

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PI/0000037191
SC
4-18-11

COVER LETTER

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

SUBJECT: Neighborhood Housing Solutions, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status
ADDITIONAL COPY REQUIRED

FROM: Kimberli A Roberts

Name (Printed or typed)

35 Reems Trace Rd.

Address

Weaverville, NC 28787

City, State & Zip

828-712-4466

Daytime Telephone number

kim@kim4houses.com ✓

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

SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Neighborhood Housing Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
35 Reems Trace Road
Weaverville, NC 28787

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Purchase, sale and management of real estate.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kimberli Roberts, President
Address: 35 Reems Trace Rd.
Weaverville, NC 28787

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Victor Troiano
Address: 317 S. Tennessee Ave
Lakeland, FL 33801

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kimberli Roberts
Address: 35 Reems Trace Rd.
Weaverville, NC 28787

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TALLAHASSEE, FLORIDA

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

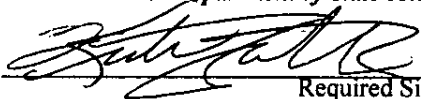


Required Signature/Registered Agent

3/23/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

3/23/2011

Date