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COVER LETTER

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

,

SUBJECT:	PCHA Redevelopment, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
S70.00 Filing Fec	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status	

1:	Name (Printed or typed) 1002 W. 23rd Street, Ste. 400		
! 8			
	Panama City, FL 32405		
	City, State & Zip		
	850-814-9396		
	Daytime Telephone number		
	misty.kent@royalamerican.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 607 and/or Chapter 621, F.S. (Profit)

Principal street address 04 E. 15th Street anama City, FL 32405 RTICLE III PURPOSE he purpose for which the corporation is organized is: Any and all law:	Mailing address, if different is: ful business
anarna City, FL 32405	
anama City, FL 32405	
ATTICLE III. DUDDOOU	
RTICLE IV SHARES 100	
he number of shares of stock is:	
RTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: N	ame and Title:
Address A	Address:
Name and Title: N	ame and Title:
Address A	ddress:
	ASSA ASSA -3
	FIAT 2
	ama and Title:
Name and Title: N	anc and The.

Name and Title:		Name and Title:	Name and Title:	
Address		Address:		
				
ARTICLE VI	REGISTERED AGENT			
ine <u>name and</u>	Florida street address (P.O. Box NOT accept Teresa Henry	table) of the registered agent is:		
Name:				
Address:	804 E. 15th Street			
	Panama City, FL 32405			
ARTICLE VII	<u>INCORPORATOR</u>			
The <u>name and</u> :	address of the Incorporator is:			
Name:	James A. Boyd, Jr.			
Address:	1002 W. 23rd St., Ste. 400			
	Panama City, FL 32405			
ARTICLE VIII Effective date	EFFECTIVE DATE: If other than the date of filing:	(OPTIO)	NAT \	
(If an effective filing.)	date is listed, the date must be specific and	cannot be more than five da	nys prior or 90 days after the	
	te inserted in this block does not meet the app effective date on the Department of State's re			
	amed as registered agent to accept service of I am familiar with and accept the appointmen			
	h		11/30/18	
	Required Signature/Registered Age	ent	Date	
	ocument and affirm that the facts stated here Department of State constitutes a third degre			
uvcumeni iv ine 	Department of State Constitutes a Intra degree	ee jeiony us provideu jor in S.8	1 1	
n X			11/30/18	
Keq	tifred Signature Uncorporator		/ Date	