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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SUPPORTIVE HOUSING OPTIONS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

T.J.H
12/12/23

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

SUPPORTIVE HOUSING OPTIONS INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3350 S.W. 148TH AVE. SUITE 110

MIRAMAR, FLORIDA 33027

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

JEFFREY LOPEZ (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

JEFFREY LOPEZ

3350 SW 148TH AVE SUITE 110

MIRAMAR, FLORIDA 33027

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

JEFFREY LOPEZ

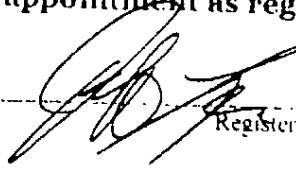
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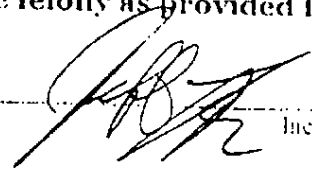
Required Signatures:

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



Registered Agent 12/11/2023
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.



Incorporator 12/11/2023
Date

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