

No5000010504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

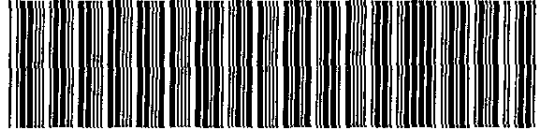
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700060164257

10/11/05--01033--004 **78.75

2005 OCT 11 PM 4: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

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

SUBJECT: Aftermath 911 Disaster Center, Inc.

(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: James Lyons Jr.
Name (Printed or typed)

5154 Millenia Blvd. Suite 202
Address

Orlando, Fl. 32839
City, State & Zip

407-209-9068
Daytime Telephone number

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Aftermath 911 Disaster Center, Inc.

2005 OCT 11 PM 4:12

ARTICLE II PRINCIPAL OFFICE

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

5154 Millenia Blvd. Suite 202
Orlando, FL 32839

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501 (c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

At each annual meeting of directors they shall elect directors to hold office until the next annual meeting.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

President	Treasurer	Secretary
James Lyons Jr	Katina Hoffman	Tiron Brown
5154 Millenia Blvd. Ste. 202	345 Lane Ave.	427 Rumsey St.
Orlando, FL 32839	Holland, MI 49423	Grand Rapids, MI 49503

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

James Lyons, Jr.
5154 Millenia Blvd. Ste. 202
Orlando, FL 32839

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James Lyons, Jr.
5154 Millenia Blvd. Ste. 202
Orlando, FL 32839

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.

Signature/Registered Agent

Date

10-4-05

Signature/Incorporator

Date

10-4-05