

COVER LETTER

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

SUBJECT: THE TRANSFORMATION 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: CDC Consulting Firm
Name (Printed or typed)

P.O. Box 9632
Address

Ft. Lauderdale, FL 33310
City, State & Zip

954-309-4280
2802 SRD 00time Telephone number

preachjames@odanejames.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 617, F.S., (Not for Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

THE TRANSFORMATION CENTER, INC.

The name of the corporation shall be:

11 NOV 29 PM 2: 15

ARTICLE II PRINCIPAL OFFICE

Principal street address
2802 SR 60
EAST VALRICO FL 33954

Mailing address, if different is:
PASTOR ODANE JAMES
545 NW 210th ST # 104
MIAMI FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Exclusively for Religious, Charitable and Educational purposes, including for such purposes the making of distributions to organizations that qualify as exempt under Section 501(c)3 of the Internal Revenue code, or the corresponding section of any future tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Initial directors were appointed by the President, and will hold office for a term of four (4) years.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT/ CEO
Address: ODANE JAMES
545 NW 210th ST # 104
MIAMI, FL 33169

Name and Title: VICE PRESIDENT/ COO
Address: TIFFANY JAMES
545 NW 210th ST # 104
MIAMI, FL 33169

Name and Title: TREASURER/ DIRECTOR
Address: MARVIN POWELL
10742 STANDING STONE DRIVE
WIMAUMA, FL 33598

Name and Title: SECRETARY
Address: CHEYENNE EDWARDS
3515 40th ST SOUTH # 40-G
ST. PETERSBURG, FL 33711

Name and Title: DIRECTOR
Address: DAFTON JAMES
1503 SW 161 AVE
PEMBROKE PINES, FL 33027

Name and Title: DIRECTOR
Address: EULAR NELSON
1321 NW 43rd AVE # 104
LAUDERHILL, FL 33313

ARTICLE VI REGISTERED AGENT

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

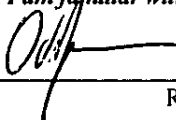
Name: ODANE JAMES
Address: 545 NW 210th ST # 104
MIAMI, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ODANE JAMES
Address: 545 NW 210th ST # 104
MIAMI, FL 33169

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 of Registered Agent

11/25/2011
Date

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

11/25/2011
Date

ARTICLE VIII. ASSETS / DISSOLUTION

Upon the dissolution of the organization, assets remaining after settlement of all liabilities, shall be distributed for one or more exempt purposes within the meaning of Section 501©3 of the Internal Revenue Code, or corresponding Section of any future Federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such assets not disposed of, shall be disposed of by the Court of Common Pleas of the County in which the principal office of the organization is then located, exclusively for such purposes or to such organizations operated and organized for such purposes.