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FLORIDA PROFIT/NON PROFIT CORPORATION AMBASSADORS' EMPOWERMENT CENTER INC.

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March 14, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

LAZARUS

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SUBJECT: AMBASSADORS' EMPOWERMENT CENTER INC.

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arten for

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is : as stated in the bylaws.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

FAX Aud. #: E16000063499 Letter Number: 816A00005177

P.O BOX 6327 - Tallahassee, Florida 32314

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64 St. 144

_2,

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

H16000063499

ARTICLE II PRINCIPAL OFFICE	
Principal street address:	Mailing address, if different is:
1581 N.E. 8th St. Ur	nt (2
Homestead, FL.	33033
ARTICLE III PURPOSE	
The purpose for which the corporation is organize	ed is: O To proclaim the gospel of Jeour Ch
and minister His sevins go	uce; @ To in struct component believers in Chris
doctrine of historic faith , 12 I	s develop programs to equip believers for K
entrepreneurship for aist century	my M. To empower believers for ministry to you
elderly, 3) To equip global	intercerous to supplicate for all mon @ To
paritible services for orph	and, widows incorrerated, sick & elderly,
ARTICLE IV MANNER OF ELECTION	(y out purposes. (8) To sponsor, engage in all 1. The manner in which the directors are elected and appointed:
By the	2 bylaws
ARTICLE V INITIAL OFFICERS AND	President
Name and Title: Rev. Malcolm J. H	LAVIS Name and Tille: Rev. Teresita Harris - Vice Pre
Address 1581 N.E. 8th. St. #	12_ Address: 1581 N.E. 84 51. 412_
4.1 \ 3-7.1	Homestad, FL. 33033
Homestead. FL.	
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35033	- Treasurer r. Name and Title: Rochelle Moesch - Secretar
Name and Title: Jasses Macsth. J	r. Name and Title: Rochelle Moeach - Secreta
Name and Title: Jasses Mocath, J Address 22575 SW: LOD CT.	r. Name and Title: Rochelle Morach - Secretar Address: 22575 SW-102 Ct.
Name and Title: Jasoes Moesth, J Address 22575 SW. LOD CT. Cutter Bay FL.	r. Name and Title: Rochelle Morach - Secretar Address: 22575 SW. 102 Ct. Cutler Bay. FL-
Name and Title: Jasses Mocath, J Address 22575 SW. LOD CT. Cutler Bay FL. 33190	r. Name and Title: Rochelle Morach - Secretary Address: 22575 SW. 102 Ct. Cutler Bay. FL- 33190
Name and Title: Jasses Moesth, J Address 22575 SW. LOD CT. Cutter Bay FL. 33190	Name and Title: Mochelle Mocach - Secretary Address: 22575 SW 102 Ct. Cutler Bay. FL- 33190 Name and Title:
Name and Title: Jasses Mocath, J Address 22575 SW. LOD CT. Cutler Bay FL. 33190	Name and Title: Mothelle Motach - Secretary Address: 22575 SW 102 Ct. Cutler Bay. FL- 33190 Name and Title:
Name and Title: Jasses Moesth, J Address 22575 SW. LOD CT. Cutter Bay FL. 33190	Name and Title: Mochelle Mocach - Secretary Address: 22575 SW. 102 Ct. Cutler Bay. FL- 33190

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Name and Title: Name and Title: Address: Name and Title: Address: Name and Title: Address: Address: Address: Address: Address: Address: Name: Rev. Malcolm Harris Sy. Address: Home stead, FL 33033 ARTICLE VI INCORPORATOR To name and address of the Incorporator is: Name: Rev. Malcolm Harris Sy. Address: Home stead, FL 33033 ARTICLE VI INCORPORATOR To name and address of the Incorporator is: Name: Rev. Malcolm Harris Sy. Address: Address:	#4	Hi	160000	63499
Name and Title: Address: Address: Address: Address: Address: Address: Address: Address: Name: Rev. Malcolm Harris Sv. Address: Howne stead, Fl. 33033 ARTICLE VII INCORPORATOR be some and address of the Incorporator is: Name: Rev. Malcolm Harris Sv. Address: ISBI W.E. 8th St. Unit 12 Howne stead, Fl. 33033 Baving been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am fourther with and ancept the appointment by a registered agent and agree to act in this capacity Required Signature of Registered Agent Date Loubmit this document and affirm that the facts stated havein are trap. I am aware that any false information submitted in a document	Name and Title:	Name and Title;		
ARTICLE VI. REGISTERED AGENT The pame and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Rev. Malcolm Harris Sy. Address: Rev. Malcolm Harris Sy. Address: Home stead, Fl. 33033 ARTICLE VII. Incorporator be pame and address of the Incorporator is: Name: Rev. Malcolm Harris Sy. Address: ISBI N.E. 8th St. Unit 12 Home stead, Fl. 33033 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 fautiliar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent I submit this document and affirm that the facts stated havein are tryp. I am aware that any false information submitted in a document	Address _	Add ress:		
ARTICLE VI. REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Rev. Malcolm Hayyis Sy. Address: SEIN-E. & St. Linit 12 Howne stead, Fl. 33033 ARTICLE VII INCORPORATOR be nome and address of the Incorporator is: Name: Rev. Malcolm Hayyis Sy. Address: 1581 N.E. & St. Linit 12 Hownestead, Fl. 33033 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 I submit this document and affirm that the facts stated havein are trap. I am aware that any false information submitted in a document	- •			
The name and Floritia street address (P.O. Box NOT acceptable) of the registered agent is: Name: Rev. Malcolm Hayyis. Address: Faire. & St. Initiz. Howne stead, Fl. 33033 ARTTCLE VII INCORPORATOR be nome and address of the Incorporator is: Name: Bev. Malcolm Hayyis Sv. Address: 1581 N.E. 8th St. Unitiz. Homestead, Fl. 33033 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 Application of Registered Agent I submit this document and affirm that the facts stated havein are trap. I am aware that any false information submitted in a document	-	Audiess.		
Address: Rev. Malcolm Harris. St. Horne stead, Fl. 33033 ARTICLE VII INCORPORATOR be nome and address of the Incorporator is: Name: Rev. Malcolm Harris St. Address: 1581 N.E. 8th St. Unit 12 Homestead, Fl. 33033 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 I submit this document and affirm that the facts stated have in are trop. I am aware that any false information submitted in a document		forida street address (P.O. Box NOT acceptable) of the registered agent is:	e.	
Horne stead, FL. 33033 ARTICLE VII INCORPORATOR be nome and address of the incorporator is: Name: Rev. Malcolm Harris Sr. Address: 1581 N.E. 8th St. Unit 12 Hornestead, FL. 33033 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 I submit this document and affirm that the facts stated havein are trap. I am aware that any false information submitted in a document		Rev. Malcolm Harris Sr.	34 250 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ASSESSED ASSESSEDA
ARTICLE VII INCORPORATOR be nome and address of the Incorporator is: Name: Bev Malcolm Harris Sr. Address: 1581 N.E. 8th St. Unit 12 Homestead, FL. 33033 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 I submit this document and affirm that the facts stated havein are trop. I am aware that any false information submitted in a document		Homestead, FL. 33033		
Name: Rev. Malcolm Harris Sr. Address: 1581 U.E. 8th St. Unit 12 Homestead, FL. 33033 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 I submit this document and affirm that the facts stated have in are trop. I am aware that any false information submitted in a document		INCORPORATOR	•	MII:
Address: 1581 N.E. 8th. St. Unit 12 Homestead, FL. 33033 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 I submit this document and affirm that the facts stated have in are trop. I am aware that any false information submitted in a document	Name:	Bev. Malcolm Harris Sr.	•	ு கு
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 Contact Contact	Address;	1581 N.E. 8th St Unit 12		
Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Company		Homestead, FL. 33033		
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I submit this document and affirm that the facts stated havein are trye. I am aware that any false information submitted in a document		as Maletin / Cuest	3-9-	16
I submit this document and affirm that the facts stated havein are trye. 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 \$.817.155, F.S.		•		
	I submit this doc to the Departmen	ument and affirm that the facts stated herein are true. I am aware that any false at of State constitutes a third degree felony as provided for in \$817.155, F.S.	information submitt	ed in a document
Required Signsture of Incorporator Required Signsture of Incorporator Date		Required Signature of Incompretor	3-9- Date	19