

Division of Corporations

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : PARALEGAL SOLUTIONS FT LAUDERDALE
Account Number : I19990000257
Phone : (954) 565-9929
Fax Number : (954) 565-1347

FILED
00 MAR 23 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA NON-PROFIT CORPORATION

People Serving People, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be:
People Serving People, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Corporation shall be:
4146 NW 90 Avenue, Suite # 203
Coral Springs, FL 33065

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the Corporation is organized is (are):
volunteer community service through feeding the hungry, helping the elderly, and
providing vocational training

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

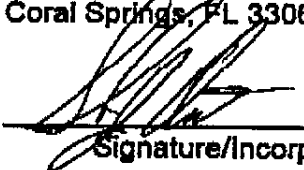
The manner in which the directors are elected or appointed is:
The Method of election of Directors is as stated in the bylaws of the Corporation.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

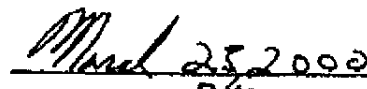
The name and Florida street address of the initial registered agent are:
Steven J. Aumonte
4146 NW 90 Avenue, Suite # 203
Coral Springs, FL 33065

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:
Steven J. Aumonte
4146 NW 90 Avenue, Suite # 203
Coral Springs, FL 33065



Signature/Incorporator




Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent



Date

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