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STEVEMOCULLOUGH

PAGE 01

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : PARALEGAL SOLUTIONS FT LAUDERDALE

Account Number : 119990000257 Phone : (954)565-9929 Fax Number : (954)565-1347 OO APR 21 AM 8: 37

FLORIDA NON-PROFIT CORPORATION

United Charities of America, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78,75

STEVEMCCULLOUGH

02

FROM:

FAX NO. :

Apr. 21 2000 03:08AM

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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.

<u>ARTICLE I</u> NAME

The name of the Corporation shall be: United Charities of America, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 176 Ocean BLVD

Golden Beach, FL 33160

PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

To support humanitarian causes and help other charitable organizations

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

Directors will be elected annually according to the By Laws of the orgaization

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Gayl Sherry Lipin

176 Ocean BLVD

Golden Beach, FL 33160

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Gayl Sherry Lipin

176 Ocean BLVD

Golden Beach, FL 33160

Signature/Incorporator

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,

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