TRANSMITTAL LETTER OCOCOGO 3499 State Opporations

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

Tananassee, The Short.				
SUBJECT:Li	ttle Zion Community As (PROPOSED CORPORAT	70 N A NA B = NA LES E ENGLES EL DIV	DE SUFFIX) 1000325916 -Q\$41948075 ^{01Q\$}	8——9 14498 ³ 75
Enclosed is an original \$70.00	and one (1) copy of the arti	□\$78.75	a check for: \$87.50 Filing Fee,	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Certified Copy & Certificate OPY REQUIRED	
	,	ADDITIONAL CC	JPT REQUIRED	

FROM:	John W. Harvey		-, , ,	
FROM	Name (Printed or typed)			
	3630 Little Zion Road Address	-	SEC	·-,
	Sneads, FL 32460 City, State & Zip		HAY 19 JRETARY C LAHASSEE	1
	850-482-8081 Daytime Telephone number	- = = = 4 : %	AM II: 00	O
NOTE:	Please provide the original and one cop	y of the art	icles.	

AUTHORIZATION BY PHONE TO
CORRECT AND
DATE 5-24-80

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Little Zion Community Association, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3185 Little Zion Road Sneads, FL 32460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage exclusively in nonprofit activities designed to promote the public interest, lessen the burdens of government, and combat community deterioration.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are elected by the membership. As stated in the bylaws.

ARTICLE V INITIAL DIRECTORS OFFICERS

The name and addresses:

John W. Harvey 3630 Little Zion Road Sneads, FL 32460 Cleveland McNealy 3109 Little Zion Road Sneads, FL 32460 Randolph Pope P. O. Box 1205 Sneads, FL 32460

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

John W. Harvey 3630 Little Zion Road Sneads, FL 32460

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Grady Sampson P. O. Box 920

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.

ignature/Registered Agent

1 4.

ignature/Incorporator

5-16-2000

Date

5/76/60 Date