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

SUBJECT: POINT OF CONTACT TNC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

4/20

400003257574--4 -05/18/00--01085--015 *****87.50 *****87.50

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

\$87.50

Filing Fee " & Certified Copy

Filing Fee, Certified Copy

Certified Copy & Certificate

& Ceruncaie

ADDITIONAL COPY REQUIRED

FROM: Julia B. Adams

Name (Printed or typed

P.O.Bx 351205 / 10532 AKERS DR.S.

JACKSON VILLE, FLORICA, 32225 City, State & Zip

(904) 642-2038

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

OR 6/20



Secretary of State

May 23, 2000

JULIA B. ADAMS P.O. BOX 351205 JACKSONVILLE, FL 32235

SUBJECT: POINT OF CONTACT INC.

Ref. Number: W00000013324

We have received your document for POINT OF CONTACT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

The document must have original signatures.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6925.

Angela Revell Document Specialist

Letter Number: 100A00029303

In Compliance with Chapter 617, F.S., (Not for Profit)	
ARTICLE I NAME	2000 JUN 20 PH 4: 22
The name of the corporation shall be:	
Point of Confact Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation sha	til be:
10532 AKERS DR.S.	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: NON-Profit Food Bank Clothes Closet Spread the good N Healing and Delive ARTICLE IV MANNER OF ELECTION	
The manner in which the directors are elected or appointed:	
7 Directors Appointed by the he and con Firmed by majority vous Stand in the By laws.	lad of the Corporation of every 3 years,
The name and addresses:	
JULIA B. Adams - Director 10532 AKERS DR.S. JACKSON VILLE, WILLIAM S. Adams D. J. JX FL. 3222. MICHAEL Madison	
3933 HICKORY GOVE DR. IN ARTICLE VI INITIAL REGISTERED AGENT AND STREET.	CFL 32277
The name and Florida street address of the registered agent is:	
WILLIAM S. Adams 10532 AKERS DR.S. Jackson	WILLE FL 32225
ARTICLE VII INCORPORATOR	,
The <u>name and address</u> of the Incorporator is: JULIA B. Adams 10532 AKERS DR.S. Jacks WULL	LE, FL. 32225
***********************	********
aving been named as registered agent to accept service of process for the above s signated in this certificate, I am familiar with and accept the appointment as regi spacity.	tated corporation at the place istered agent and agree to act in this
William S. ada	5-10-00
gnature/Registered Agent	Date
Delia B. aldans	5-10-2000
gnature/Incorporator	Date