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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

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: SIMON & SIMON P.A.

Account Number: 072720000232

: (305)670-6750

Fax Number

: (305)670-6776

FLORIDA NON-PROFIT CORPORATION

Jewish Community Services of South Florida, Inc.

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ARTICLES OF INCORPORATION

OF

JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA, INC.

A Florida Not For Profit Corporation In Compliance with Chapter 617, Florida Statutes

The undersigned, desiring to form a not for profit corporation under the laws of the State of Florida, declares:

ARTICLE I - NAME

The name of this corporation shall be Jewish Community Services of South Florida, Inc. (hereinafter referred to as the "Corporation").

ARTICLE II - PRINCIPAL OFFICE

The Principal Office of business and mailing address of this Corporation shall be:

735 NE 125th Street, North Miami, Florida 33161

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

Charitable purposes of improving the quality of life of people of all ages in South Florida by providing a broad range of social services including, but not limited to vocational assistance and training, job placement, psychological counseling, assistance with adoption and foster care services, nutrition and feeding.

ARTICLE IV - BOARD OF DIRECTORS

The method of electing and/ or appointing directors shall be stated in the By-Laws of the Corporation.

ARTICLE V - INITIAL SUBSCRIBERS

The name and address of the initial subscriber is as follows:

NAME ADDRESS
Joy B. Spill 9100 So. Date

9100 So. Dadeland Blvd., suite 504, Miami, Florida 33156

ARTICLE VI - INDEMNIFICATION

Every Director and every Officer of the Association shall be indemnified by the Corporation

Joy B. Spill, Esquire 9100 S. Dadeland Blvd., Suite 504 Miami, Fl 33156 305-670-6750 Fla Bar No. 403148 1 SECRETARY OF STATE DIVISION OF COMPORATIONS

against all expenses and liabilities, including counsel fees (at trial and all appellate levels) reasonably incurred by or imposed upon him in connection with any proceedings to which he may be a party, or in which he may become involved, by reason of his being or having been a Director or Officer of the Association or any settlement thereof, whether or not he is a Director or Officer at the time such expenses are incurred, except in such cases wherein the Director or Officer is adjudged guilty of willful misfeasance or malfeasance in the performance of his duties; provided, that in the event of a settlement, the indemnification shall be in addition to and not exclusive of all other rights to which such Director or Officer may be entitled.

ARTICLE VII - RESIDENT AGENT

The Resident Agent of the Association, for the purposes of accepting service of the process shall be Joy B. Spill, Esquire, whose address within the State of Florida is 9100 S. Dadeland Blvd., Suite 504, Datran One, Miami, Florida 33156.

IN WITNESS WHEREOF, the undersigned incorporator, has executed these Articles of Incorporation for the purpose of forming the Association this 4 day of October , 2000

Joy B Spill

Having been named to accept service of process for the Association at the place herein designated, I hereby accept to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the complete and proper performance of duties.

Date: 10/6/2000

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 6 day of october, 2000, by

Joy B. Spill.

Personally known to me

Produced Identification___

Type of Identification

Printed Name

CAT LAGITIC

My Commission Expires: .

F:\WORKUOY\VS\urticles-JCS.wpd October 6, 2000 @ 1,40PM LISETTE C. VALDES
MY COMMISSION # CC 781402
EXPIRES: October 27, 2002
Bonded Their Holory Public Unidownities

SIGH OF CORPORATIONS

Joy B. Spill, Esquire 9100 S. Dadeland Blvd., Suite 504 Miami, Florida 33156 305-670-6750 Fla Bar 40314812