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TRANSMITTAL LETTER

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

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-02/02/01--01135--003
*****78.75 *****78.75

SUBJECT: ANGEL OF LOVE MINISTRIES, INC.
(Proposed corporate name - must include suffix)

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: IVORY WILSON
Name (Printed or typed)
3571 NW 2nd STREET
Address
FORT LAUDERDALE, FL 33311
City, State & Zip
(954) 316-4679
Daytime Telephone number

FILED
01 FEB -2 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

gcj/s

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

ANGEL OF LOVE MINISTRIES, INC.

ARTICLE II PRINCIPAL OFFICE

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

7636 GRANDVIEW BLVD.
MIRAMAR, FL 33023

ARTICLE III PURPOSE(S)

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

FOR BANK ACCOUNT AND FOR NON-PROFIT ORGANIZATION

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

BY THE PRESIDENT

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

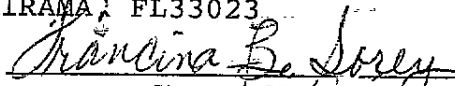
The name and Florida street address of the initial registered agent are:

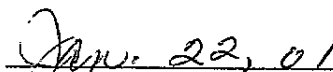
IVORY WILSON
109 NW 25th TERRACE
FORT LAUDERDALE, FL 33311

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:


FRANCINA B. SOREY
7636 GRANDVIEW BLVD.
MIRAMA, FL33023



Signature/Incorporator


Date

(An additional article must be added if an effective date is requested.)

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA