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Florida Department of State

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

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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone z (305)599-0839 Fax Number : (305)716-0346

FLORIDA NON-PROFIT CORPORATION

EMMANUEL CENTER, INC.

Certificate of Status Certified Copy Page Count 02 Estimated Charge \$78.75

B. McKnight FEB 1 9 2001

ARTICLES OF INCORPORATION OF EMMANUEL CENTER, INC.

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: CORPORATE NAME

The name of this corporation shall be:

EMMANUEL CENTER, INC. 581 NE 175th Street North Miami Beach, Florida 33162

ARTICLE II: PRINCIPAL OFFICE

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

581 NE 175th Street North Miami Beach, Florida 33162

ARTICLE III: PURPOSE(S)

The specific purpose(s) for which the corporation is organized is to Provide Day Care Services and Provide Shelter for the homeless and all other business's permitted under the laws of the State of Florida.

ARTICLE IV: MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is by the Incorporator.

ARTICLE V: INITIAL REGISTERED AGENT/CORPORATION ADDRESS

The Registered Agent and the Florida street address of the initial registered office of this Corporation in the State of Florida shall be:

Emmacula Brooks 581 NE 175th Street North Miami Beach, Florida 33162

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ARTICLE VI: INCORPORATOR

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

Emmacula Brooks 581 NE 175th Street North Miami Beach, Florida 33162

Emmacula Brooks

0/16/0

ACCEPTANCE OF REGISTERED AGENT

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 perofirmance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Emmacula Brooks

581 NE 175th Street

North Miami Beach, Florida 33161

2/16/200.

O1FEB 16 AM 9: 30
SECRETARY OF STATE