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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : INCORPORATETIME.COM, INC.

Account Number: I19990000221 Phone: (631)224-9004

Phone : (631)224-9004 Fax Number : (631)224-7979

FLORIDA NON-PROFIT CORPORATION

FAITH BASED PARENT AND YOUTH TRAINING CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

The Undersigned Incorporator, For The Purpose Of Forming A Corporation Under The Florida NOT FOR PROFIT Corporation Act, Hereby Adopts(s) The Following ARTICLES OF INCORPORATION.

ARTICLE ! NAME
THE NAME OF CORPORATION SHALL BE:

FAITH BASED PARENT AND YOUTH TRAINING CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

3615 BOYNTON BEACH, BOYNTON BEACH, FL 33436

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):
Non-Profit Organization as recognized in section 501(C)(3) of the IRS
Non-Profit Code Status for a non-profit organization faith based educational
training center for parents and youth, will teach employability skills, sex
education, drug abuse, social skills, and g.e.d.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS:

The manner in which the directors are elected or appointed is::
AS STATED IN THE BYLAWS OF THE CORPORATION

ARTICLE V: Initial REGISTERED AGENT & Street Address:

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

ROBERT LOWERY, • .3615 BOYNTON BEACH, FL 33436

ARTICLE IV: INCORPORATOR:

The name and address of the incorporator to these Articles of Incorporation is:

ROBERT LOWERY, 3615 BOYNTON BEACH, BOYNTON BEACH, FL 33436

ROBERT LOWERY, Incorporator

4 /25/0/

Having been named registered agent and to accept service of process for the above stated corporation as 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 familiar with and accept the obligations of my position as registered agent.

ROBERT LOWERY, Registered Agent

4 /2 5/2/ Date SECRETARY OF STATE

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