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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)205-0381

From:

Account Name

: INCORPORATETIME.COM, INC.

Account Number : I19990000221

: (631)224-9004

Fax Number

: (631)224-7979

FLORIDA NON-PROFIT CORPORATION

CUE MINISTRIES, INC.

Certificate of Status	0
Certified Copy	
Page Count	(03 9
Estimated Charge	\$70.00

9. McKnight MAY

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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 I NAME

THE NAME OF CORPORATION SHALL BE:

CUE MINISTRIES, INC.

ARTICLE II PRINCIPAL OFFICE

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

621 GRANADA CIRCLE PANAMA CITY BEACH, FL 32415

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 non-denominational church
with the sole purpose of preaching the Gospel as we may have opportunity.

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:

AMBER STEVENS 621 GRANADA CIRCLE PANAMA CITY BEACH FL 32413

ARTICLE IV: INCORPORATOR:

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

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SECREJARY OF STATE
ALLAHASSI F. FLORID.

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AMBER STEVENS 621 GRANADA CIRCLE PANAMA CITY BEACH FL 32413

AMBER STEVENS, Incorporator

05.15.01

Date

Having been named registered agent and to accept service of process for the above stated corporation as the place designated in this certificate I haveby 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.

AMBER STEVENS, Registered Agent

05-15-01

Date

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SECKETARY OF STATE
SECKETARY OF STATE