TRANSMITTAL LETTER

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

'HOOD EFFORT, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

> -10/08/01--01059--ont *****87.50 *****87.50

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 of

Status

\$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

ALVIN T. MAKARA

Name (Printed or typed)

P. O. Box 1273
Address

FLORIDA 34478
City, State & Zip

(352) 804 - 5271 Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

FILED

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

01 OCT -8 PM 3: 07

THE 'HOOD EFFORT, INC.

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

COMMUNITY TECHNICAL AND ABULT EDUCATION CENTER
1014 S.W. 744 RD
OCALA, FL 34474
ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EXCLUSIVELY FOR CHARITABLE PURPOSES

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

METHODS OF ELECTION ARE SET FORTH IN THE BYLAWS OF THIS CORPORATION

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

ALVIN T. MAKARA, P.O. BOX 1273, OCALA, FLORIDA 34478- (PRESIDENT)
CRYSTAL C. DAUIS, P.O. BOX 1273, OCALA, FL 34478- (SECRETARY)
MICHAEL WILSON, P.O. BOX 561, OCALA, FL 34421- (TREASURER)

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ALVIN T. MAKARA 320 N.W. IST AUENUE OCALA, PL 34470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Affrichara.	10.05-01
Signature/Registered Agent	Date
Affrokan.	10-05-01
Signature/Incorporator	Date