

TRANSMITTAL LETTER

No2000003678

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

FILED
02 MAY 10 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: CENTER OF Hope DELIVERANCE Love Outreach Ministry Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200005504102--2
-05/10/02--01096--011
*****88.00 *****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
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Barbara Gaines
Name (Printed or typed)

5021 Indialantic Dr
Address

Orlando, Fla. 32808
City, State & Zip

(407) 299-2151
Daytime Telephone number

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

DB 5/15

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

CENTER OF HOPE DELIVERANCE LOVE OUTREACH MINISTRY INC.

ARTICLE II PRINCIPAL OFFICE

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

The principal office shall be in Orlando, Fla. with a mailing address of Post Office Box 681240 Orlando, Fla. 32868-1240.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A Non-Profit Church Organization

The purpose is to establish and maintain a place of worship, also to utilize the rights permitted under the laws of the state of Florida.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

They must be voted in, also anointed, and appointed should also believe in the Father, Son, Holy Ghost determined also with conditions of by-laws.

ARTICLE V INITIAL DIRECTORS/OFFICERS

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

Director: Alfred Gaines SR.
5021 Indialantic Dr.
Orlando, Fla. 32808

Co-Director
Barbara Gaines
5021 Indialantic Dr.
Orlando, Fla. 32808

Co-Director
Alfred Gaines JR.
1740 Mercy Dr. Apt 4
Orlando, Fla. 32809

Secretary
Janet Wilburn
790 Juanita
Clermont, Fla. 34711

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Barbara Gaines
5021 Indialantic Dr.
Orlando, Fla. 32808

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alfred Gaines SR.
5021 Indialantic Dr.
Orlando, Fla. 32808

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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.

Barbara Gaines

Signature/Registered Agent

5/1/02
Date

Alfred Gaines

Signature/Incorporator

5/1/02
Date