N0300005525

(Requestor's Name)				
(Address)				
, ,				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Lipir-Notic #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
· · · · · · · · · · · · · · · · · · ·				
Special Instructions to Filing Officer:				

Office Use Only



300020572523

06/23/03--01037--007 **78.75

O3 JUN 23 PM 4: 20
SECRETARY OF STATE

1000 101010

TRANSMITTAL LETTER

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

SUBJECT: The Love in Full Effect Center, incorporated				
	(PROPOSED CORPORATION OF THE ARTICLE	name – <u>Must Inclu</u>		
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fœ & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM: Kirnberly D. Anderson Name (Printed or typed)				
2361 7th Avenue South Address				

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

Daytime Telephone number

(727)323-8278

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

The Love in Full Effect Center, incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2361 7TH AVENUE SOUTH

ST. PETERSBURG, FL 33712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE MISSION OF THE L.I.F.E. CENTER IS TO EMPOWER THE RESIDENTS OF THE TAMPA BAY COMMUNITY BY PROVIDING EDUCATIONAL AND SOCIAL SERVICES IN A SAFE, SUPPORTIVE, SUPERVISED AND STRUCTURED ENVIRONMENT.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

SUBSIDUARY DIRECTORS (supervisors) SHALL BE APPOINTED BY THE LIFE CENTER DIRECTOR AFTER COMPLETION OF AN INTERVIEW/HIRING PROCESS.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

KIMBERLY D. ANDERSON

BERNARD L. RAWLS DOROTHY JOHNSON 2325 37th Street South * St. Petersburg, FL 33711

2529 Casilla Way South * St. Petersburg, FL 33712

2510 Fairfield Avenue South * St. Petersburg, FL 33712

Director

Assistant Director Assistant Director

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

KIMBERLY D. ANDERSON 2325 37th Street South * St. Petersburg, FL 33711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KIMBERLY D. ANDERSON 2325 37th Street South * St. Petersburg, FL 33711

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.

Signature/Incorporator

JUNE 19, 2003

Date

JUNE 19, 2003

Date