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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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9 AUG 26 PH 2: 19 SECRETARY OF STATE TALLARIASSEE, FI CRIDA

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VISION TO STATE AND AS TAILED AS TAIL

TRANSMITTAL LETTER

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

| UBJECT: Inc. | (Proposed corpo | orate name - must include suffi | ix) | |
|--------------------------|------------------------------------|---------------------------------------|---|--|
| | | | | |
| | | | | |
| closed is an original ar | nd one(1) copy of the artic | cles of incorporation and a | check for : | |
| \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate | □\$122.50 Filing Fee & Certified Copy | ☐ \$131.25 Filing Fee, Certified Copy & Certificate | |
| | | ADDITIONAL CO | ADDITIONAL COPY REQUIRED | |
| FROM: | Gary Gray | | | |
| | Name (Printed or typed) | | - | |
| 515 Barn Street Address | | | | |
| | | | - · · · · · · · · · · · · · · · · · · · | |
| | Kissimmee, FL 3 | | | |
| City, State & Zip | | | <u>-</u> | |
| • • | (407) 846-4230 | | | |

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

Daytime Telephone number

ARTICLE OF INCORPORATION

The undersigned, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt (s) the following Article if Incorporation:

ARTICLE I - NAME

The name of the corporation shall be:

BURNES ARIO Osceola County Community Development Financial Institution, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 515 Barn Street Kissimmee, FL 34744

ARTICLE III - PURPOSE (S)

To provide financial assistance and support to low income, distress, underserved people and their communities for social and economical development as a Community Development Financial Entity in order to help and assist these poverty stricken communities to build self-esteem that will empower God's people to become selfsufficient and instill in them self-dignity, self motivation and self-worth in each target area.

ARTICLE IV - MANNER OF ELECTION OF DIRECTORS

On an annual basis by way of secret ballot as directed by the board.

ARTICLE V - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Gary Gray

515 Barn Street, Kissimmee, FL 34744

ARTICLE VI - INCORPORATOR

The <u>name and address</u> of the Incorporator to these Articles of Incorporation are: Gary Gray

515 Barn Street, Kissimmee, FL 34744

REGISTERING AGENT

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