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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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TRANSMITTAL LETTER

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

SUBJECT: SHAYONNE A LATOUR OUTH FRITER FROM THE HEART INC.

| _ | | | |
|--------------------|--|-------------------------------------|---|
| \$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 | |

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

FROM: Shayonne (Printed or typed)

Name (Printed or typed)

3441 N.W. 173 TERR

Address

CARNI CITY, FL 33056

City, State & Zip

305-623 076

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

| • | ARTICLES OF INCORPORATION In Compliance with Chapter 617, F.S., (Not for Profit) |
|----|---|
| | ARTICLE I NAME The name of the corporation shall be: Shavonne A. LaTour Youth Center from the Heart INC. |
| 1 | The principal place of business and mailing address of this corporation shall be: 3441 N.N. 173+ER CAROL CITY, FL 33056 ARTICLE III PURPOSE The purpose for which the corporation is organized is: The Purpose of the Center IS to have a recreational place for inner-city Youth, Unat provides workshops, Seminars and Community actives that are recreational (sponsored by Contents) ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed: |
| | Ahh Prospects well be interviewed. |
| | ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS List name(s), address(es) and specific title(s): Shayonne L. Anderson (Director 3441 N.W. 173 TERR STREASURY(ER) CAROL CITY, FL 33056 (Secretary) |
| | |
| | The name and Florida street address of the registered agent is: |
| | ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the registered agent is: SHAVONNE L. AND ERSON 3441 N.W. 173 TERR CAROL CITY, FL 33050 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: |
| < | The name and address of the Incorporator is: |
| - | 3havonne L. ANDERSON 3441 N.W. 173 TER. |
| (| CAROL CITY, FL 33056 |
| *: | |
| H | aving been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate. I am foonities with and accept the appointment as registered agent and agree to act in this capacity. |
| | 3/21/04 |
| E | ignature/Registered Agent Date |
| ک | ignature/Registered Agent Date |
| | 3/3/104 |
| S | ignature/Incorporator Date |