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TRANSMITTAL LETTER

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

SUBJECT: SINNERS ANONYMOUS RECOVERY MINISTRY, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: ERNEST WASHINGTON
Name (Printed or typed)

1353 SUMMIT PINES BLVD #5319
Address

WEST PALM BEACH, FL 33415
City, State & Zip

561-255-2077
Daytime Telephone number

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

ARTICLES OF INCORPORATION
FOR
**SINNERS ANONYMOUS
RECOVERY MINISTRY, INC**

(Not for profit in compliance with Chapter 617, Florida Statute)

ARTICLE I

The name of the corporation shall be:

**SINNERS ANONYMOUS
RECOVERY MINISTRY, INC**

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ARTICLE II

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

1353 Summit Pines Blvd, Suite 5319
West Palm Beach, FL 33415

ARTICLE III

The purpose for which the corporation is organized is:
To operate exclusively for charitable, religious, educational, health,
housing, and scientific purposes, including for such purposes as
authorized under Section 501(c) (3) of the Internal Revenue Code of
the United States of America.

ARTICLE IV

The manner in which the directors are elected shall be:
Set forth in the bylaws of the corporation

ARTICLE V

The initial directors and officers of the corporation shall be:

- Ernest Washington, President & Director
1353 Summit Pines Blvd Suite 5319
West Palm Beach, FI 33415
- Jacquelyn L. Williams, Vice-President & Director
1409 13th St
West Palm Beach, FI 33401
- Steve Singleton, Treasurer, Director
1380 WEST 31st ST
Riviera Beach, FI 33404
- Jemmie Singleton, Recording Secretary & Director
1380 W 31st St
Riviera Beach, FL 33404
- Ethel J. Dozier, Financial Secretary & Director
1353 Summit Pines Blvd Suite 5319
West Palm Beach, FI 33415
- Elsie Cummings, Director
616 w 1st St
Riviera Beach, FI 33404
- Andy Fred Ivy, Director
4500 N Flagler Dr
West Palm Beach, FI 33407
- Sammie Hobbs, Director
403 53rd St
West Palm Beach, FI 33407
- Mylene Glasper-Elie, Director
440 Rosemary Ave
West Palm Beach, FI 33401
- Betty Dawson
4128 Waverly Dr
West Palm Beach, FI 33407

ARTICLE VI

The name and address of registered agent is:

Ernest Washington
1353 Summit Pines Blvd Suite 5319
West Palm Beach, FL 33415

ARTICLE VII

The name and address of the Incorporator is:

Ernest Washington
1353 Summit Pines Blvd Suite 5319
West Palm Beach, FL 33415

ARTICLE VIII

The duration of the corporation shall be:

Perpetual existence

ARTICLE IX


The Bylaws of the corporation shall be:

Adopted, altered or rescinded by a majority vote of the directors
voting at any regular meeting

IN WITNESS WHEREOF, the undersigned has subscribed
his name under the seal this 18 day of December,
2004


ERNEST WASHINGTON, Incorporator

STATE OF FLORIDA


Notary Public



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11/23/11
11/23/11

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT**

Pursuant To the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that **SINNERS ANONYMOUS RECOVERY MINISTRY, INC.**, desiring to organize under the laws of the State of Florida with its principle office, as indicated in the articles of incorporation has named: **ERNEST WASHINGTON**, located at 1353 Summit Pines Blvd, Suite 5319, in the City of West Palm Beach, in the County of Palm Beach, in the State of Florida, zip 33415, as its agent to accept service of process within this state.

HAVING BEEN NAMED AS REGISTERED AGENT 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.

SIGNATURE: _____

E-W-gt
ERNEST WASHINGTON, REGISTERED AGENT

Marta V. Gonzalez

