

N05000005806

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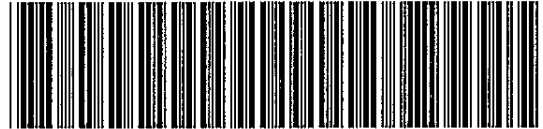
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Certificates of Status

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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05 JUN -6 PM 4:21

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: PROPHETESS MASCAREEN SMART MINISTERS 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: MASCAREEN SMART  
Name (Printed or typed)

1017 EMILYS WALK LAKE E.  
Address

JACKSONVILLE FL 32221  
City, State & Zip

904-786-5091  
Daytime Telephone number

**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: *PROPHETESS MASCAREEN SMART MINISTRIES, INC*

### ARTICLE II PRINCIPAL OFFICE

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

*1017 EMILY'S WALK LANE E.  
JACKSONVILLE, FL 32221*

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *OUTREACH CHRISTIAN MINISTRY. TO  
REACH THE WORLD THROUGH THE PROPHETIC AND HEALING MINISTRY, EVANGELISM  
AND TEACHING.*

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: *ELECTED AS ACCORDING TO THE BY LAWS  
OF CORPORATION.*

### ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s): *MASCAREEN SMART PRESIDENT  
1017 EMILY'S WALK LANE E.  
JACKSONVILLE, FL 32221*

*LISA M. DARRELL  
10901 BURNT MILL ROAD #308 DIRECTOR  
JACKSONVILLE, FL 32256*

*MANUEL LOPEZ SECRETARY  
2011 WEST 11TH STREET  
JACKSONVILLE, FL 32209*

### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is: *MASCAREEN SMART  
1017 EMILY'S WALK LANE  
JACKSONVILLE, FL 32221*

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: *MASCAREEN SMART  
1017 EMILY'S WALK LANE E.  
JACKSONVILLE, FL 32221*

\*\*\*\*\*

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.

x *Mascareen*  
Signature/Registered Agent

*6-6-85*  
Date

x *Mascareen*  
Signature/Incorporator

*6-6-05*  
Date

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TALLAHASSEE, FLORIDA