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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. Burch MAR 2 7-2006.

COVER LETTER

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

SUBJECT: Charity Gateway Partners, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original a	nd one(1) copy of the Art	icles of Incorporation and	a check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED	

FROM:	Gwain A. Davis			
	Name (Printed or typed)			
	4045 1914 5011 79			
	1015 NW 56th Terrace			
	Address			
	Gainesville, Florida, 32605			
	City, State & Zip			
	050 040 0500 4 400			
	352 313 6500 ext. 109			
	Daytime Telephone number			

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2006

GWAIN A. DAVIS 1015 NW 56TH TERRACE GAINESVILLE, FL 32605

SUBJECT: CHARITY GATEWAY PARTNERS

Ref. Number: W06000004878

We have received your document for CHARITY GATEWAY PARTNERS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Document Specialist New Filing Section

Letter Number: 006A00007204

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

The name of the corporation shall be: Charity Gateway Partners, Inc.

<u>ARTICLE II PRINCIPAL OFFICE</u>

The principal place of business and malling address of this corporation shall be: 1015 NW 56th Terrace Gainesville, Florida 32605

<u>ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is:

The Purpose of the agency is to bring case management and life sustenance services to underserved, low-income, and disabled clients in need who reside in small town and rural settings.

ARTICLE IV DISSOLUTION

Upon the dissolution of this corporation, all capital and cash assets will be dispersed to the WellFlorida Council to be used for charitable purposes, and to complete any pending obligation of Charity Gateway Partners to clients or services. In the event that WellFlorida Council has also been dissolved, all capital and each assets should revert to 2nd Harvest Food Bank, for purchase of food for distribution to those agencies that provide direct food pantry help to poor and disadvantaged people.

ARTICLE V MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Initial Board Members are selected by the Initial Registered Agent.

New Board Members shall be recommended from Members or other interested parties to the Board. The Board Chair and President/CEO will review all nominations in a timely manner, and candidates will be submitted for approval to the Board at the annual meeting of the Board.

ARTICLE VI INITIAL DIRECTORS AND/OR OFFICERS

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

Debarah Asbell, RN 14124 SW 168th St. Archer, FL. 32618 Paul Gulig, PhD 5025 SW 83rd Terrace Gainesville, Fl., 32608 Tony Domenech 4926 NW 18th PL Gainesville, FL 32605

ARTICLE VII INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Gwain A. Davis 1015 NW 56th Terrace Gainesville, FL. 32605

ARTICLE VIII INCORPORATOR

The name and address of the Incorporator is:

Gwain A. Davis 1015 NW 56th Terrace Gainesville, FL. 32605

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

Signature/Incorporator

3/2>/06Date 3/2>/06