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## **COVER LETTER**

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

SUBJECT: Jerusqlem Educational Development Center, Inc.

Enclosed is an original an	d one(1) copy of the Artic	cles 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: Dr. Joseph T. Wright  Name (Printed or typed)  4873 Lake Park Drive  Address					
Tallohosse Fr 32311 City, State & Zlp					
	650-5	74-6929	_		

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:	
Jeruschem Educational Develo	on and Control
ARTICLE II PRINCIPAL OFFICE	frient Center, Inc.
the principal place of business and mailing address of this corporation shall be:	•
2042 Lake Brodford Road.	
ARTICLE III PURPOSE FLOVICES 32310	·
The purpose for which the corporation is organized is:	
Provide educational enhancement h	× 4 1 - 0 - 1
Provide educational enhancement be Curriculum to educate early child	SECTOTIONESIGN
ARTICLE IV MANNER OF ELECTION	race development
The manner in which the directors are elected or appointed:	-whiteut.
Annual appointments based on	the
Annual appointments based on the by laws,	out incom
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS	- <del>- 7</del>
List name(s), address(es) and specific title(s):	7 .
1. Dr. Loseptz T. Wright 2 - Woverly Palmore 3	Rev. Lowes Blount Vice Argside nt 2015 Lake
THE SICIENT	DICE Arraid of
4873 Lakefork Dr 822 Flagg St	2015 Lak
To 10 Laketork by To 10 Laketork by ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDR	ESS Bralond
The name and Florida street address (P.O. Box NOT acceptable) of the register	1010
	ered agent is Des Tollahusse,
Dr. Joseph T. Wright	
4873 DK POK DT.	ASS N 23 323/C
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
No <u>manife and address</u> of the incorporator is:	
Amorga terrell	2 5 S
Post Office Dox 14652	D <sub>F</sub> 3
Having been named as registered agent to accept service of process for the above stated cor	**************************************
n this certificate, I am familiar with and accept the appointment as registered agent and ag	ree to act in this capacity.
trock That	foliarla =
Signature/Registered Agent	Date
$\sim$ $\sim$ $\sim$ $\sim$ $\sim$	