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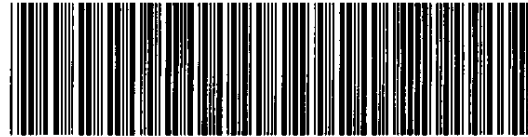
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Shama Temple House of Refuge, 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: Fred Brown, Jr.
Name (Printed or typed)

900 North Street
Address

Jacksonville, FL 32211
City, State & Zip

(904) 635 6305
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION
OF
SHAMA TEMPLE HOUSE OF REFUGE, INC.**

The undersigned person(s), acting as incorporator(s) of a corporation organized under the laws of Florida, hereby adopt(s) the following Articles of Incorporation, in compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I

The name of this corporation is

SHAMA TEMPLE HOUSE OF REFUGE, INC.

ARTICLE II

Initial Principal Office

900 NORTH STREET
JACKSONVILLE, FL 32211

ARTICLE III

Purpose

The non-profit purpose is House of Worship.

**ARTICLE IV
REGISTERED OFFICE AND AGENT**

The street address of the corporation's initial registered office and the name of its initial registered agent at such address is:

MICHAEL L. CEASER
8596 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

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TALLAHASSEE, FLORIDA

**ARTICLE V
MANNER OF ELECTION**

After the initial Board of Directors, the board shall consist of such number of directors as shall be determined by the Trustees from time to time at each annual meeting at which directors are to be elected.

**ARTICLE VI
DIRECTORS**

The name(s) and residence addressee(s) of the persons constituting the initial board of director(s) are:

FRED BROWN, JR.
7844 ROCKY FORT TRAIL
JACKSONVILLE, FL 32277

YVONNE BROWN
7844 ROCKY FORT TRAIL
JACKSONVILLE, FL 32277

CURTIS STAFFORD
5981 JOHN F. KENNEDY DR. N.
JACKSONVILLE, FL 32219

BRENDA LARKINS
9019 DEVONSHIRE BLVD.
JACKSONVILLE, FL 32209

MARK MOSLEY
1563 FAIRFIELD PLACE
JACKSONVILLE, FL 32216

JOHNNY HOUSE
2837 COMMONWEALTH AVENUE
JACKSONVILLE, FL 32254


**ARTICLE VII
LIABILITY OF DIRECTORS**

To the fullest extent permitted by law, no director of this corporation shall be personally liable to the corporation or its shareholders for monetary damages for breach of any duty owed to the corporation or its shareholders, except that a director may be held personally liable for (i) breaches of the duty of loyalty, (ii) acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) declaration of unlawful dividends or unlawful stock repurchases or redemptions, or (iv) a transaction from which the director derives an improper personal benefit.

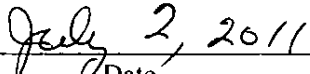
Any director or officer who is involved in litigation or other proceeding by reason of his or her position as a director or officer of this corporation shall be indemnified and held harmless by the corporation to the fullest extent permitted by law.

Certification

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.




FRED BROWN, Incorporator
7844 ROCKY FORT TRAIL
JACKSONVILLE, FL 32277

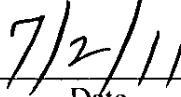


Date

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



MICHAEL L. CEASER, Registered Agent
8596 ARLINGTON EPWY
JACKSONVILLE, FL 32211



Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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