N11000007821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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K 08/17/11

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Wings of Faith Restoration Outreach Ministry, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address: 9011 Celia Ct, Tallahassee, FL 32305

Mailing address, if different is: P.O. BOX 7684, Tallahassee, FL 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to dynamically impact the lives of disadvantaged young women through Spiritual, Educational, and economic trainings

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed By President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Phyllis Walker - President
Address: P.O. BOX 7684, Tallahassee, FL 32314

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Phyllis Walker
Address: 9011 Celia Ct, Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Phyllis Walker
Address: 9011 Celia Ct, Tallahassee, FL 32305

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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

Phyllis Walker — Required Signature of Registered Agent — 8/17/11 Date

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.

Phyllis Walker — Required Signature of Incorporator — 8/17/11 Date