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SECREMENT OF STATE
MALLANASSEE, FLORENA

Article (1) Name: Arms of Hope Outreach Ministry Inc.

Article (2) Principle Office: 1517 NW 3rd Way Pompano Beach, Fl 33060

Article (3) Purpose: The Corporation is organized pursuant to the Florida non-profit corporation code for a church

mission as well as a church.

Article (4) Manner of Election: By majority of Vote by members.

Article (5) Initial Officers and/or Directors:

President: Warren B. Pitts Sr.

Address: 1517 NW 3rd Way Pompano Beach, FL 33060

Vice President: Elizabeth Pitts

Address: 1517 NW 3rd Way Pompano Beach, FL 33060

Secretary: Carrie Paul

Address: 1720 NW 1st Ter. Pompano Beach, FL 33060

Treasurer: Ebony Johnson

Address: 3000 NW 5 Ter. Apt. 140 Pompano Beach, FL 33064

Article (6) Registered Agent: Beverly C. Pitts

Address: 1517 NW 3rd Way Pompano Beach, FL 33060

Article (7) Incorporator: Warren B. Pitts Sr.

Address: 1517 NW 3rd Way Pompano Beach, FL 33060

Article (8): Said Corporation is organized exclusively for charitable, religious, educational, and scientific, purposes. Including, for such purposes, the making of distributions to organization that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code

Article (9):Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the Federal Government, or to a state or government, for a public purpose. Any such assests not so disposed of shall be disposed of by a court if Competent Jurisdiction of the County in which the principle office of the corporation is then located, exclusively for such purposes or to such organization or organizations, and said court shall determine, which are organized and operated exclusively for such purposes.

Having been named as registered agent 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

Required Signature of Registered Agent

/ 8/ | 2-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.

Required Signature of Incorporator

Date