N14000008408

| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | |
|--|---|
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Requestor's Name) |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Address) |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Addross) |
| PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Address) |
| PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (City/State/Zip/Phone #) |
| (Document Number) Certified Copies Certificates of Status | PICK-UP WAIT MAIL |
| (Document Number) Certified Copies Certificates of Status | |
| (Document Number) Certified Copies Certificates of Status | (Rusiness Entity Name) |
| Certified Copies Certificates of Status | (Dusiless Littly Haine) |
| Certified Copies Certificates of Status | |
| | (Document Number) |
| | |
| Special Instructions to Filing Officer: | Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: | |
| Special Instructions to Filing Officer: | |
| | Special Instructions to Filing Officer: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Office Use Only



600263955376

09/10/14~-01017--012 **78.70

SEORETAIN OF STATE

APPROVED

1/4

GOVER LETTER

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

SUBJECT: A.R.D.E. Training & Restoration Center, 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 CO | DV DEALIDED | | | |

FROM: Harry Rentas Name (Printed or typed) 1065 McKenzie Road Lake Helen, Florida 32744 City, State & Zip 386-627-6892 Daytime Telephone number centroarde@aol.com

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



| ARTICLE I NAME |
|----------------|
|----------------|

ARTICLE I NAME
The name of the corporation shall be: A.R.D.E. Training & Restoration Center, Inc.

| ARTICLE . | II PRINCIPAL OFFICE | | 14 SEP | 10 PM 1:56 |
|-----------------------|---|-----------------|--|-------------|
| 10 | Principal <u>street</u> address: 65 McKenzie Road | · | Mailing address, if different is CRE 1 | GY OF STATE |
| <u>La</u> | ake Helen, Florida 32744 | | | |
| ARTICLE . The purpose | For which the corporation is organized is: | See attach | ed) | ~ |
| • | | | | |
| | | | | |
| | | | | |
| | | ····· | | |
| <i>ARTICLE</i> I | TV MANNER OF ELECTION The made of Selection of the Board of Directors and | | | |
| ARTICLE | | | | |
| Name and Ti | tle: Harry Rentas, President | Name and Title: | Debbie Lopez, Treasurer | |
| Address | 1065 McKenzie Road | Address: | 1065 McKenzie Road | |
| | Lake Helen, Florida 32744 | | Lake Helen, Florida 32744 | |
| Name and Ti | Maria Rentas, Secretary | Name and Title: | Axel Pacheco II, Board Member | |
| Address | 1065 McKenzie Road | Address: | 1065 McKenzie Road | |
| | Lake Helen, Florida 32744 | | Lake Helen, Florida 32744 | |
| Name and Ti | Billie K. Bamberk, Board Member | Name and Title | | |
| Address | 1065 McKenzie Road | Address: | | |
| | Lake Helen, Florida 32744 | | | |
| | | | | |

A.R.D.E. Training & Restoration Center, Inc. Certificate of Incorporation Attachment

<u>ARTICLE III PURPOSE</u>

- 1. A.R.D.E. Training & Restoration Center, Inc.'s mission is to encourage individuals to transform their lives to be in harmony with the Word of God through the power of the Holy Spirit. We will offer participants a new beginning through vocational programs designed to encourage self-sufficiency and provide spiritual fulfillment. A.R.D.E. Training & Restoration Center, Inc. wants to prepare families in order for them to establish the Kingdom here on Earth and fulfill the purpose of God thereby enriching their daily lives.
- 2. No substantial part of the activities of the corporation shall consist of the carrying on of propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in, any political campaign on behalf of any candidate for public office.
- 3. The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE VIII DISSOLUTION

- 1. The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer, or member thereof or to the benefit of any private person.
- 2. The manner of distribution of assets in this Corporation's winding up is as follows: Upon 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 state or local government for public purpose. Any such asset not so disposed of shall be disposed of by the Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purpose or to such organization or organizations as said Court shall determine, which are organized and operated exclusively for such purposes.

| • • | | | APPROVEL AND | |
|------------------------|--|--------------------------|--------------------|-----------------|
| Name and Title: | N | lame and Title: | FILE: | |
| Address _ | A | Address: | 14 SEP IO PM 1: 5 | 56 |
| - | , | | SECRETARY OF STATE | TE T)L |
| Name and Title: | N | Tame and Title: | | |
| Address _ | A | Address: | | |
| - | | | | |
| _ | | | | |
| ARTICLE VI | REGISTERED AGENT | | | |
| The name and F | lorida street address (P.O. Box NOT accepta | ble) of the registered a | gent is: | |
| Name: | Harry Rentas | | | |
| Address: | 1065 McKenzie Road | | | |
| | Lake Helen, Florida 327 | 44 | | |
| ARTICLE VII | INCORPORATOR | | | |
| The <u>name and ac</u> | ddress of the Incorporator is: | | | |
| Name: | Harry Rentas | | | |
| Address: | 1065 McKenzie Road | | | |
| | Lake Helen, Florida 32 | 744 | | |
| | med as registered agent to accept service of familiar with and accept the appointment as response to the appointment as resp | egistered agent and ag | | Ü |
| | Regaired Signature of Registered Ag | gent | Date | |
| | ument and affirm that the facts stated herein at of State constitutes/a third degree felony as , | provided for in s.817. | | d in a document |
| | Havey Costs Required Signature of Incorpor | • | 9/3/2 | 014 |
| | Required Signature of Incorpor | rator | Date | |