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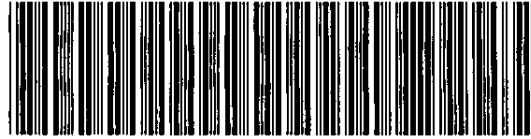
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 5, 2017

MINISTER GARY STANLEY  
647 NW 4TH PL  
OCALA, FL 34475

SUBJECT: GENESIS NEW HOPE MINISTRY OF VISION  
Ref. Number: W16000053531

We have received your document for GENESIS NEW HOPE MINISTRY OF VISION and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 317A00006115

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Genesis New Hope Ministry of Vision Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

647 NW 4<sup>th</sup> PL

Ocala, Florida 34475

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To be a Christian base organization for the  
uplifting of humanity focusing on the care and counseling of our elderly in  
their latter years of life. To provide today's youth with Christian educa-  
tion and enlighten them on a Christian way of life, also providing  
food for the homeless for the preservation of Human life.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: A small group  
of our peers shall select positions based on Educational background and experience in the  
field.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gary V. Stanley: President Name and Title: April Edwards: Treasurer

Address: 647 NW 4<sup>th</sup> PL Address: 1224 NW 14<sup>th</sup> ST  
Ocala, Florida 34475 Ocala, Florida 34475

Name and Title: Taya Smith: Vice President Name and Title: \_\_\_\_\_

Address: 647 NW 4<sup>th</sup> PL Address: \_\_\_\_\_  
Ocala, Florida 34475

Name and Title: Vanessa Roberts: Secretary Name and Title: \_\_\_\_\_

Address: 1627 NE 19<sup>th</sup> PL Address: \_\_\_\_\_  
Gainesville, Florida 32609

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TALLAHASSEE, FLORIDA

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Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Gary V. Stanley

Address: 647 NW 4th Pl.

Ocala, Florida 34475

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gary V. Stanley

Address: 647 NW 4th Pl.

Ocala, Florida 34475

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Gary V. Stanley

Required Signature of Registered Agent

March 15, 2017  
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.*

Gary V. Stanley

Required Signature of Incorporator

March 15, 2017  
Date