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То:	Division of Corp Fax Number :	orations (850)617-6381		(<u>*</u> -	2020 JUN	
From:	Account Number : Phone :	LAZARUS CORPORATE FIL 120000000019 (305)552-5973 (305)675-5944	ING SERVICE, INC.		UN 12 PH 4:	
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ARTICLES OF INCORPORATION In compliance with Chapter 617, F.S., (Not for Profit) ARTICLE I NAME DREAM WEUS The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address: Mailing address, if different is: 132 GEORGE YASAME PRESIDENT & CEO **PURPOSE** The purpose for which the corporation is organized is: The PURPOSE OF THIS MINISTRY IS TO PROVIDE OUTREACH SERVICES TO THE ELDERLY, WIDOWS, YOUTH AND HOMELESS OF OUR COMMUNITY. OUR MISSION IS TO PROVIDE FOOD, CLOTHING, COVID-19 NECESSITIES, AND A VARIETY OF EDUCATIONAL TOOLS FOR HOMELESS AND YOUTH. THE VISION IS TO MAKE OR TEACH THEN HOW TO BECOME SELF-SUFFICIENT, AND FISHERS OF MED- BRIDGE THE GAP ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: BYLAWS ARTICLE V **INITIAL OFFICERS AND/OR DIRECTORS** Name and Title: JAMILAH JOHNSON Whame and Title: JUSTIN 132 GEORGE ALEN AVE. Address: Address MIAMI, FL. toers Name and Title: HAULINE MASSEY Name and Title: QUENCIA Address Address: 22 NE 206th TERRACE 3849 CHARLES TERRACE MIAMI GARDENS, FL 33179 MIAMI, FL 33133 Name and Title: Sandy WELLS Name and Title: HILLDRY HENRY RECORDING SECRETARY Address: TREASURER Address 5821 NW TH LENUE, #601 132 GEORGE ALLEN AVR MIAMI, FL 3367 MIAMI, FL 33133

Name and Title	DRNITRIS BENDRY	_ Name and Title:	
	SECRETARY	idress:	
	132 GEORGE DUEN AVE		
	MIANI, FL 33133		
Name and Title:	SANDRA WESS	Name and Title:	
	PRESIDENT		
	132 GEORGE ALLEN		
-	MIAMI, FC 33133		
ARTICLE VI The name and I	REGISTERED AGENT Torigh street address (P.O. Box NOT according to the control of	eptable) of the registered agent is:	
Name:	SANDRA WELLS		
Address:	132 GEORGE AU	eo Avenue	
	MIDMY FL 3313	575	
ARTICLE VIII	INCORPORATOR Iddress of the Incorporator is:		
Name:	SAMBRA WELLS		
Address:	132 GEDRGE AUG	avenue	
	MIDMI, FC. 331	33	
	amed as registered agent to accept service familiar with and accept the appointment		
	ser bunk	٥٠	6/12/20
	Required Signature of Registere	d Agent	Date
I submit this do to the Departm	cument and affirm that the facts stated he ent of Staps constitutes a third degree Jelon	rein are true. I am aware that any false in y as provided for in s.817.155, F.S.	yfornu tion submitted in a document
		20_	6/12/20
	Required Signature of Inco	orporator	Date