# N95000000655

#### TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 310000011 324400 73 02077/95-04043 04.5 ++++78.75 +++++8.75

SUBJEC			MINISTRIES IN ame - must include suf	
Enclosed for :	d is an original a	and one (1) copy o  \$78.75  Filing Fee & Cartificate	f the articles of Inc \$122.50 Filing Fee & Certified Copy	corporation and a check  \$131.25  Filing Fee, Certified Copy & Certificate
	FROM:	APOSTLE ALFRED GAINES Name (Printed or typed)		95 FEB -6 SECTALLANASS
95		Address  ORLANDO, FLA. 32868-1240  City, State & Zip  407-299-2151  Daytime Telephone number		PH 3:53

NOTE: Please provide the original and one copy of the articles.

#### ARTICLES OF INCORPORATION

95 FEB -6 PH 3: 59
SECRETARY OF STATE TALLAHASSEE. FLORIDA

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

#### ARTICLE I

The name of the corporation shall be:

CENTER OF HOPE MINISTRIES INC.

## ARTICLE II Principal place of business and mailing address

The principal place of business and the mailing address of this corporation shall be:

P.O. BOX 681240 ORLANDO,FLA. 32868-1240

### ARTICLE III Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

CENTER OF HOPE MINISTRIES INC. SHALL OPERATE AS A

NON- PROFIT RELIGIOUS ORGANIZATION PURBUANT TO

SECTION 501-(C)-(3) OF THE UNITED STATES, INTERNAL

REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY
FEDERAL TAX CODE.

#### ARTICLE IV Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

THE CORPORATIONS DIRECTORS SHALL BE ELECTED OR APPOINTED AS IS PROVIDED IN THE ORGANIZATIONS CONSTITUTION AND BY-LAWS.

### ARTICLE V Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

SAME AS IN SECTION 617.0302, FLORIDA STATUTES

#### ARTICLE VI Initial registered agent and street address

The name and the street address of the initial registered agent is:

REGISTERED AGENT: ALFRED GAINES
REGISTERED OFFICE: 5021 INDIALANTIC DR.
ORLANDO, FLA. 32808

#### ARTICLE VII Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

ALFRED GAINES
P.O.BOX 681240
ORLANDO,FLA. 32868-1240

MARCUS GAINES 5021 INDIALANTIC DR. ORLANDO, FLA. 32808

Typed name of incorporator signing

BARBARA GAINES	
5021 INDIALANTIC DR.	
ORLANDO, FLA. 32808 The undersigned incorporator(s) has (l	have) executed these Articles of Incorporation
this 6 day of FEBRUARY	, <i>19</i> <u>395</u> .
Signature(s) of Incorporator(s):	ALFRED GAINES
7, 100,00	Typed name of incorporator signing
Brilaro Mayor	BARBARA GAINES
	Typed name of incorporator signing

MARCUS GAINES

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

<sup>95 FEB</sup> -6 PH 3:50

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.050 MINDRIDATE STATE STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is: CENTER OF HOPE MINISTRIES INC.  (must include suffix)
2. The name and address of the registered agent and office is:
ALFRED GAINES
(Name)
5021 INDIALANTIC DR.
(Street address - P. O. Box not acceptable)
ORLANDO, FLA. 32808
(City/State/Zip)
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
Offed Harris 1-31-95 (Date)