CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222

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REQUEST TAKEN CONFIRMED APPROVED

DATE ______ CK No. _____

BY _________

WALK-IN WILL PICK UP 127 / W

SURCHARGE	\$
TAX on corporate supplies	
SUBTOTAL	
PREPAID	s
BALANCE DUE	s
	\$

pgs.

DISBURSED...... \$____

Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum

THANK YOU from Your Capital Connection

C.C. FEE.

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Art. of Amend. File

Fictitious Name File

_ Name Reservation

Rog. Agent Service

_ Document Filing

_ UCC 1 or 3 File _ UCC 11 Search _ UCC 11 Retrieval

--- FAX ()

SUBTOTALS ____

Corporate Kit
 Vehicle Search
 Driving Record
 Document Retrieval

CUS-_

Dissolution/Withdrawal

_ Annual Report/Reinstatement

..... File No.'s,Copies

DISBURSED

ARTICLES OF INCORPORATION FOR CARE TO SHARE, INC. A NOT FOR PROFIT CORPORATION

FILED
95 FEB 24 AHII: 51
SECRETARY OF STATE
LAHASSUT TO TOA

The undersigned, acting as incorporators of a not for profit corporation pursuant to chapter 617, Florida Statutes, adopt the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be: CARE TO SHARE, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business shall be 611 E. Martin Luther King Blvd., Tarpon Springs, Florida 34689, and the mailing address of this not for profit corporation shall be: P.O. Box 1197, Tarpon Springs, Florida 34688-1197.

ARTICLE III PURPOSE

The specific purpose for which the not for profit corporation is organized is to:

Provide a community outreach program. This includes programs for drug and crime prevention, counseling, job training and other related community support.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

Incorporator will request members from the community and/or representatives from businesses within the community to serve as Directors of the Organization.

ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, as amended.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Reverend James Warren 611 E. Martin Luther King Blvd. Tarpon Springs, FL 34689

ARTICLE VII - DISSOLUTION

In the event of dissolution or final liquidation of this corporation, the residual assets of the organization will be distributed to one or more organizations which themselves are exempt as organizations described in Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future Internal Revenue Code, or to the federal, state, or local governments for exclusive public purpose.

ARTICLE VIII INCORPORATORS

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

Rev. James Warren 611 E. Martin Luther King Drive Tarpon Springs, Florida 34689

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 9^{2} day of 199.

an Bridar
Reverend James Warren

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Fursuant to the provisions of sections 607.0501 or 617.0501, Florida 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.

- 1. The name of the corporation is: CARE TO SHARE, INC.
- 2. The name and address of the registered agent and office is:

Reverend James Warren 611 E. Martin Luther King Blvd. Tarpon Springs, FL 34689

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 O. LIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE And Brians	. ح
DATE	



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