

79600002837

TRANSMITTAL LETTER

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

700001616057
-05/10/96--01016--004
*****70.75 *****70.75

SUBJECT: ALFA and OMEGA RESTORATION MISSION
(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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 MAY 29 PM 12:16

FILED

FROM: Dr. ELENA POTRA
Name (Printed or typed)

17318 SW 8th ST.

Address

HOLLYWOOD, FL. 33029

City, State & Zip

954/431-3194

Daytime Telephone number

W96-10444

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 16, 1996

ELENA POTRA
17318 SW 8TH ST.
HOLLYWOOD, FL 33029

SUBJECT: ALFA AND OMEGA RESTORATION MISSION
Ref. Number: W96000010444

We have received your document for ALFA AND OMEGA RESTORATION MISSION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return 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 (904) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 696A00024394

ARTICLES OF INCORPORATION

FILED

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

96 MAY 29 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

Name

The name of the corporation shall be:

ALFA and OMEGA RESTORATION MISSION, INC.

ARTICLE II

Principal place of business and mailing address

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

17318 SW 8th ST. HOLLYWOOD, FL 33029

ARTICLE III

Purpose(s)

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

1. PUBLIC EDUCATION = Giving out the American DEMOCRACY'S principles and JUDEO CHRISTIAN values throughout radio; printing, TV and public speaking, conferences, and seminars.
2. Christian Counseling,
3. Help to the poor and the needy in various ways possible.
4. Relief of the distressed and the underprivileged.
5. Elimination of the prejudice and discrimination.
6. Combating community deterioration and delinquency.
7. Strengthen the marriages and the families.

ARTICLE IV

Manner of election of directors

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

As stated in the bylaws or

By the Board of directors.

ARTICLE V

Limitation of corporate powers

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

ARTICLE VI

Initial registered agent and street address

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

ELENA POTRA 17318 SW 8th ST. HOLLYWOOD, FL. 33029

ARTICLE VII

Incorporators

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

Dr. ELENA POTRA 17318 SW 8th ST HOLLYWOOD, FL. 33029

The undersigned incorporator has executed these Articles of Incorporation this 06 day of _____
MAY , 19 96 .

Signature of Incorporator:

Dr. Elena Potra

Dr. ELENA POTRA

Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED

96 MAY 29 PM 12:16

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA,
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

ALFA and OMEGA RESTORATION MISSION, INC.

(must include suffix)

2. The name and address of the registered agent and office is:

Dr. ELENA POTRA

(NAME)

17318 SW 8th ST.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

HOLLYWOOD, FL. 33029

(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.

Dr. Elena Potra

(SIGNATURE)

05-06-96

(DATE)

EP