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TRANSMITTAL LETTER

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

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SUBJECT: AUMANT LIVE CHYPACH (Proposed corporate name - must include suffix)	Munistries and
Enclosed is an original and one(1) copy of the artir's of incorporation and a	
Filing Fee Filing Fee Filing Fee Filing Fee & Certified Copy Certified & Certified	re, Copy
FROM: Laverne of bung	
So Kunsferry Way	
St Amustine of 3	2084
(904) 829 – 1000 Daytime Telephone number	SECRETAF VISION OF
	5 CS RE

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

SAD SAL

ARTICLES OF INCORPORATION SECRETARY OF STATE DIVISION OF CORPORATIONS

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 56 IAN 17053 Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I Name

The name of the corporation shall be:

Abundant Life Outreach munistries Inc.

ARTICLE II

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

ARTICLE III

Purpose(s)

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

The specific purpose(s) for which the composed of Securing Unity E expleiency in labor. Promoting the general of the abundant Life Outreach Ministry.

ARTICLE IV

Manner of election of directors

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

The Board of durectors are elected ahually by church members

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: Laverne H. King 80 Mingsferry Way St. Augustine Dibrida 32084

ARTICLE VII

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

Laverne King-80 Hingsferry Way St. Aug 34 Carrie. Stroman-284 W. King St St. Aug FI 32084 Vernon Stroman same

Taushia Hammond 82 Blanco St. 51. Aug F1 2264 Sylvia Lewis-500 N. Clay St. Augustine 21 32084

The undersigned incorporator has executed these Articles of Incorporation this 5 day of July . 19 96

Signature of Incorporato. .

Typed name of incorporator signing

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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:		
Abundant Life Outreah Ministr	ies	<u>5_</u> dr
2. The name and address of the registered agent and office is:		
FOR HAME) SO MYSTERY UN (P.O. BOX OL Mail Drop BOX MOT ACCEPTABLE) St. Augustine 31 32081	96 JUL -5 AMII: 53	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificat. 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.

SIGNATURE) T/5/96
(DATE)