-- N9600 TRANSMITTAL LETTER

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

		JUBILANT PI	RODUCTIONS, INC			
SUBJECT:	SUBJECT: (Proposed corporate name - must include suffix)					
	original and \$70.00 Filing Fee	\$78.75 Filing Fee	he articles of incorpor \$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Cop		FILED 96 GCT 17 FH 3-30
FROM:	- ,	DELORES A. O Name 2909 BYINGTO	(Printed or typed)		ONISION OF CULTURATION	
		Cit 904/562-9649	E, FLORIDA 32303 y, State & Zip 488-437/ Telephone number		RATION	1000
7. W-W 12:00	iOTE: Plea	ise provide the c	original and one cop	y of the articles		
~				LDO	10-2	1016

MIO-17-96

W96-21016



PEC 17/7 p 96 001 17 PH 2: 38

FLORIDA DEPARTMENT OF STATE OF COMPERATION Sandra B. Mortham Secretary of State

October 4, 1996

DELORES A. COLSTON 2909 BYINGTON CIRCLE TALLAHASSEE, FL 32303

SUBJECT: JUBILANT PRODUCTIONS, INC.

Ref. Number: W96000021016

We have received your document for JUBILANT PRODUCTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation. A statement making reference to the bylaws is acceptable.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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) 487-6067.

Neysa Culligan Document Specialist

Letter Number: 496A00045452

ARTICLES OF INCORPORATION

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

JUBILANT PRODUCTIONS, INC.

ARTICLE II

Principal place of business and mailing address

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

2909 BYINGTON CIRCLE

TALLAHASSEE, FLORIDA 32303

ARTICLE III

Purpose(s)

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

A religious organization. JUBILANT PRODUCTIONS, INC., is an inspirational gospel musical stage play spreading God's word through dramatization.

ARTICLE IV

Manner of election of directors

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

The election of members of the Board of Directors shall be governed by the duly adopted By-Laws of JUBILANT PRODUCTIONS, INC.

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:

ì

DELORES A. COLSTON 2909 BYINGTON CIRCLE TALLAHASSEE, FLORIDA 32303

ARTICLE VII

Incorporators

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

DELORES A. COLSTON 2909 BYINGTON CIRCLE TALLAHASSEE, FLORIDA 32303

The undersigned incorporator has executive june 96 , 19	uted these Articles of Incorporation this 6 day of
Signature of Incorporator:	
Dolonia A. Colitan	DELORES A. COLSTON

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.

	JUBILANT PRODUCTIONS, INC.	
	(must include suffix)	
2. The name ar	d address of the registered agent and office is:	74. 36
	DELORES A. COLSTON	
	(NAME)	
	2909 BYINGTON CIRCLE	
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	
	TALLAHASSEE, FLORIDA 32303	
	(City/State/Zip)	
corporation at the agent and agree t relating to the pi	med as registered agent and to accept service of proces, place designated in this certificate, I hereby accept the app to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am fair fair my position as registered agent.	pointment as registered vovisions of all statutes