900002017489---3 -12/03/96--01044--001 1200 90 ++131.25 25 6 . . a 8 B Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): ente (Document # (Corporation Name) (Document #) (Corporation Name) (Document #) PH |2: (Corporation Name) (Document #) ----כיז Walk in Pick up time Certified Copy Mail out U Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal l (thet Merger OTHER FILINGS **REGISTRATION/** QUALIFICATION Transa Expert Foreign o du o Name and hosers if on Limited Partnership Reinstatement Trademark Other (2) Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 5, 1996

ANNIE EVA THOMAS 900 S.W. AVENUE "G" PLACE BELLE GLADE, FL 33430

SUBJECT: T AND S, INC. Ref. Number: W96000025524

We have received your document for T AND S, INC. and check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6934.

Loria Poole Corporate Specialist

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Letter Number: 096A00054653

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION OF THOMAS AND SNEAD DEVELOPMENT CENTER, INC.

- ONE: The name and address of this principal corporation is Thomas and Snead Development Center, Inc., 900 S.W. Avenue "G" Place, Belle Glade, Florida 33430, in Palm Beach County. The Corporation is organized pursuant to the FLORIDA Nonprofit Corporation Code.
- TWO: This corporation is a non-protit public benefit corporation and is not organized for the private gain of any person. The corporation is organized under the Non-profit Public Benefit Corporation Law, for charitable and educational purposes to aid the poor and disadvantaged individuals and families towards a life of self-sufficiency. The programs will consist of but shall not be limited to: Seminars, Outreach Advocacy Programs for the Homeless and Disadvantaged, Health Care, Housing, Employment, Literacy, Counseling, Temporary Shelter, Teenage Pregnancy, Job Training, Job Placement, and Acquisition, Substance Abuse Awareness and Prevention, Tutoring, AIDS Awareness, Elderly Care and other programs to aid those in need.
- THREE: The duration of this corporation shall be perpetual, no stock and shall have no members.
- FOUR: The address of the registered office is 900 S.W. Ave. "G". Place, Belle Glade, Florida 33430, in Palm Beach County. The registered agent at said address is:

annie Stomas

Annie Thomas 900 S.W. Ave. "G" Place Belle Glade, FL 33430

FIVE:

- (a) This corporation is organized and operated exclusively for Educational and Charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.
- (b) Not-withstanding any other provisions of these articles the corporation shall not carry on any other activity not permitted to carry on (1) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of (2) by a corporation contribution to which are deductible under Section 170(c)(2) of the Internal Revenue Code.

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P1112:

The directors are elected in accordance with the By-Laws. The names and addresses of the persons appointed to act as the initial directors of this corporation are:

NAME

SIX:

h 1

ADDRESS

Annie Thomas President

Lafranze Freeman Secretary 900 S.W. Ave. "G" Place Belle Glade, FL 33430

900 S.W. Ave. "G" Place

Belle Glade, FL 33430

Shirley Floyd Treasurer

900 S.W. Ave. "G" Place Belle Glade, FL 33430

SEVEN: The property of this corporation is irrevocably dedicated to Charitable and Educational purposes and no part of the net income or assets of the organization shall ever inure to the benefit of any director, officer or member thereof or the benefit of any private person.

EIGHT: On the dissolution or winding up of the corporation, its assets remaining after payment of, or provision for payment of, all debts, and liabilities of this corporation, shall be distributed to a non-profit fund, foundation, or corporation, which is organized and operated exclusively for, Charitable and Educational under Section 501(c)(3) of the Internal Revenue Code.

Annie Thomas 900 S.W. Ave. "G" Place Pelle Glade, FL 33430

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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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:

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THOMAS	AND	SNEAD	DEVELOPMENT	CENTER.	INC.	
				(must inclu		-

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

	SEC	<u> 1</u> 96	ani jina ji
ANNIE THOMAS	NHA NHA	DEC 2	E E Sauras Sauras
(NAME)			رعد ب دید
900 S.W. AVE. "G" PLACE	FT S	PH 12:	ی بیا ہے۔ میں بیریں ہے۔ ایس بیریں ہے۔
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	ATE	17	
BELLE GLADE, FL 33430	_		
(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.

MAL (SIGNATURE)