N98000003823

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

SUBJECT: A POSTOLIC (Proposed corporate name - must include suffix) 5000025750 *****70.00 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 □\$122.50 \$131.25 Filing Fee Filing Fee, Filing Fee Filing Fee & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY RECURED Name (Printed or typed)

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

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RTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I

The name of the corporation shall be:

A POSTOLIC TRUE LIFE MINISTRIES, INC.

ARTICLE II PRINCIPAL OFFICE

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

955 SW 2 AVE, APT 1009, MIAMI, FL, 33130

ARTICLE III PURPOSE(S)

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

RELIGIOUS

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is: OF BOARD OF DIRECTORS

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

DELHWRENCE BLUE, 255 NW 125 ST., N. MIAMI, FL 33168

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

GARRISON, 955 SW 2 AVE., APT 1009

MIAMI, FL 33130

Signature/Incorporator

June 24.1998 Date

JUNE 24, 1998

ASSOCIATION AND MILES

(An additional article must be added if an effective date is requested.)

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.

Signature/Registered Agent

"OFFICIAL SEAL" Delawrence Blue My Commission Expires 5/11/99 Commission #CC 462834