N98000005975 TRANSMITTAL LETTER

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

80000266618--2 -10/19/98--01045--013 ****131.25 *****87.50

SUBJECT: WORD A FLAME DELIVERANCE MINISTRIES, INC..

Enclosed is an original and (1) one copy of the articles of incorporation and check for \$131.25 for filing fee, Certified Copy & Certificate

From: JOE L. EDWARDS 571 N. W. 49TH AVE PLANTATION, FLA. 33317 954-797-9269 SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: WORD A FLAME DELIVERANCE MINISTRIES, INC.

SECRETARY OF STATE STORE OF CORFORATIONS

ARTICLE II

Principal place of business and mailing address

The principal place of business and the mailing address of this corporation shall be: 571 NW 49TH AVE PLANTATION, FLA. 33317

ARTICLE III Purpose(s)

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

ARTICLE IV Manner of election of directors

The mannerin which the directors are elected or appointed is as follows: IN LIEU THEREOF, THE ARTICLES OF INCORPORATION MAY PROVIDE THAT THE METHOD OF ELECTION OF DIRECTORS BE STATED IN THE BYLAWS.

ARTICLE V Limitation of corporate powers

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

ARTICLE VI Initial registered agent and street address

The name and the address of the initial agent is: ELDER HOLLIS RHODES
821 E. EVANSTON CR.
FT. LAUDERDALE, FLA. 33311

ARTICLE VII Incorporators

orator(s) for these articles of
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571 N. W. 49th AVE.
PLANTATION, FLA. 33312
4821 N. W. 1ST
PLANTATION, FLA. 33317
1161 N. W. 19
FT. LAUDERDALE, FLA. 33311

The undersigned incorporator(s) has (have) executed these Articles of incorporation this 14 day of OCTOBER, 1998.

Signature(s) of Incorporator(s):	
Ja L. Elwards	JOE. L. EDWARDS Type name of incorporator signin CARRIE GATSON
	Type name of incorporator signin JULIA BELL
	Type name of incorporator signin

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 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: Word aflame Deliver	ence Ministries, 1	nc
2. The name and address of the registered agent and office is: (Name) (P.O. Box not acceptable) (City/State/Zip)	98 OCT 19 AM 10: 09	SECRETARY OF STATE STATE OF CORFORATIONS

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)

(Date)