TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : St. 26/14/14 \$70.00 \$78.75 ■\$122.50 Filing Fee Filing Fee, Filing Fee Filing Fee & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: Norman

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

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ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a cor Not for Profit Corporation Act, hereby adopt(s) the following A		
ARTICLE I NAME The name of the corporation shall be: Outreach	Revival Cente	r, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this 1135 By does Road P. O.	corporation shall be: Βοχ 195	
Polk City Florida 33868 Poli	Lity i Florida 3:	
ARTICLE III PURPOSE(S) The specific purpose(s) for which the corporation is organization to relief of or the under privileged as a characteristic purpose of the under pu	ized is(are): A Non Profi the poor, the o witable and educat	t listressed, honal corporation.
ARTICLE IV MANNER OF ELECTION OF DIR The manner in which the directors are elected or appointed Corporation.	ECTORS lis: provided in the	Bylaws of this
ARTICLE V INITIAL REGISTERED AGENT A		98 (SEC TALL
The name and Florida street address of the initial registere Norman Gas Kins 1125 Bridge Road Polk City, Florida 33868	d agent are:	FILED OCT 22 PM RETARY OF ANASSEE, F
ARTICLE VI INCORPORATOR		
The name and address of the Incorporator to these Articl Norman Gaskins 1125 Bridges Road Polk City, Florida 33868	es of Incorporation are:	3 7
Norman Hack	10-22-0	98
Signature/Incorporator	Date	
(An additional article must be added	if an effective date is request	ed.)
Having been named as registered agent and to accept service of designated in this certificate, I hereby accept the appointment of		

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.

Norman Kashin Signature/Registered Agent