Florida Department of State

Division of Corporations

Public Access System Sandra B. Mortham, Secretary of State

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Tc:

Division of Corporations

fax Number : (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335

: (305)599-0839

Phone

: (305)716-0346

Fax Number

FLORIDA NON-PROFIT CORPORATION

GOD, LOVE, INTERNATIONAL, INCORPORATED

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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CERTIFICATE OF INCORPORATION

NONSTOCK CORPORATION

Office of the Secretary of the State

So.

	A Commence of the Commence of
. Spa	ice For Office Use Only
1. NAME OF CORPORATION:	
God, Love, International, In	corporated
The corporation is nonprofit and shall	not have or issue shares of stock or make distributions.
2. PLACE A CHECK NEXT TO THE APPR	OPRIATE STATEMENT:
A. The corporation shall not have me	embers
B. The corporation shall only have m	embers which are <u>not</u> entitled to vote
X C. The corporation shall have one cla	ass of members.
	le classes of members which classes are designated as follows:
(Please note: the manner of election and appointment certificate or in the corporat	of directonalong with their qualifications and rights may be set forth in this ion's bylaws. Please see section 617.0262
3. APPOINTMENT OF REGISTERED AGE	ENT .
Name of agent:	Business/initial régistered office address:
Barry N. Brumer	5728 Major Blvd. Suite 265
	Orlando, FL 32819
	Residence address:
1	428 N. Riverside
	Edgewater, FL 32132
I hereby accept the designation accept as registered agent/	
By: Bony Wot	for Bum -
	Signature of agent

Prepared by: Barry Brumer 5728 Major Blvd., Suite 211 (407) 363-2900 Orlando, Florida 32819

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4. THE NATURE OF THE ACTIVITIES TO BE CONDUCTED OR THE PURPOSES TO BE PROMOTED BY THE CORPORATION:

Religious organization organized under Christian belief, organized to promote and foster such beliefs

98 DEC -7 PM 4: 28
SECRETARY OF STATE
SECRETARY OF STATE

(Please reference an 8 1/2 X 11 attachment if additional space is required)

COTHER	TNFORMATION	:

None

6. EXECUTION

Dated this 28th day of October

Certificate must be signed by each incorporator.

PRINT OR TYPE NAME OF	ficate must be signed by ear	COMPLETE ADDRESS(ES)
INCORPORATOR(S)	SIGNATURE(S)	COMPLETE: ADDITION OF
Edilio Miranda	Mondo	328 Jackson Ave. Bridgeport, CT 06606
Rita de Cassia Nune Alvarenga Miranda		328 Jackson Ave. Bridgeport, CT 06606
	,	