Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H99000002527 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

:dT

Division of Corporations

Fax Number

: (850)922-4001

Account Name

: ACE INDUSTRIES, INC.

Account Number : 070744001530

Phone

: (305)358-2571

Fax Number

: (305) 358-7832

FLORIDA NON-PROFIT CORPORATION

HARVEST FAMILY LIFE CENTER, INC.

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

https://ccfss1.dos.state.fi.us/scripts/eflicovr.exe

Page 1 of 2

92:51 6661-10-20

m 2/1

H99-2527 ARTICLES OF INCORPORATION FOR NON-PROFIT CORPORATION

A Corporation Not for Profit formed under the Florida General Corporation Act.		
ARTICLE 1: Name of Corporation: HARVEST FAMILY LIFE CENTER, INC.		
Add	٠,	
Address of Corporation: 810 STRATFORD AVENUE		
TAMPA, FL 33803		
ARTICLE 2: Duration: Term of existence of the corporation is perpetual unless dissolved, according to the law.		
ARTICLE 3: Purpose: The specific purpose of this Corporation is: A corporate development center designed for social and economic empowerment of the community.		
ARTICLE 4: The elections for directors and the manner of their admission is provided for in the by laws of the corporation.		
ARTICLE 5: The Board of Directors are as follows: (NO LESS THAN THREE) The names and addresses of the Initial Directors:		
1. DR. MICHEAL W. LEWIS, SR., 810 STRATFORD AVENUE, TAMPA, FL 33603		
2. MARC GAINES, 810 STRATFORD AVENUE, TAMPA, FL 33603		
3. KIMBERLY MONTGOMERY, 810 STRATFORD AVENUE, TAMPA, FL. 33603		
4		
5		
6		
ARTICLE 6: This Corporation is organized under a non-stock basis. Prepared by: ACEI Industries, Inc. 54 Northwest 11th St. Miami, FL 33136		
(305) 358-2571 H 99-25 27	٠	

Z0.9

ż

H99- 2527

ARTICLE 7: Registered Agent/Office:				
Name:	DR. MICHEAL W. LEWIS SR.			
Address:	810 STRATFORD AVENUE			
	TAMPA, FL 33603			
•	I am familiar with, and hereby accept the duties and re- Registered Agent for said Corporation.	eponsibilities, as		
	Signature of Registered Agent	<u>02/01/99</u> Date		
ARTICLE 8: Incorpo	orator:	FIL 99 FEB - I SECRETARI TALLAHASS		
Name:	DR. MICHEAL W. LEWIS SR.			
Address:	810 STRATFORD AVENUE	STATI LORI		
	TAMPA, FL 33603	5 ¹¹¹ 9		
In witness whereof I have subscribed my name				
	WAS:			
	Signature of Incorporator	<u>02/01/99</u> Date		

ARTICLE 9: In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations, which themselves are exempt as organizations described in Section 501 (c) (3) and 170 (c) (2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State or Local Government for exclusive public purpose.