

N99000001460

TRANSMITTAL LETTER

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

600002788146--9
-02/26/99--01030--018
131.25 **87.50

SUBJECT: RESTORATION MINISTRIES, INC.
(Proposed corporated name-must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check or:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee, Certified Copy
& Certificate
Additional Copy Required

FROM: James T. Ware
Name (printed or typed)

17 Juniper Pass Tr.
Address

Ocala, FL 34480
City, State & Zip

Daytime Telephone Number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR -5 AM 8:29

FILED

2-1999
45



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 2, 1999

JAMES T. WARE
17 JUNIPER PASS TR
OCALA, FL 34480

SUBJECT: RESTORATION MINISTRIES, INC.
Ref. Number: W99000005137

We have received your document for RESTORATION MINISTRIES, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Dana Calloway
Document Specialist

Letter Number: 499A00009601

**ARTICLES OF INCORPORATION
OF
RESTORATION CARE MINISTRIES, INC.**

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ONE: The name and address of this principal corporation is Restoration Care Ministries, Inc. 17 Juniper Pass Trl. Ocala, Fl. 34480

The corporation is organized pursuant to the
FLORIDA Nonprofit Corporation Code.

TWO: This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. The corporation is organized under the Nonprofit Public Benefit Corporation Law for, charitable and educational purposes to aid the poor and disadvantaged individuals and families towards a life of self-sufficiency. The programs will consist of but shall not be limited to: Childcare, Job Training, Land Acquisition, housing, Employment, Literacy, Counseling, Temporary Shelter, Teenage Pregnancy, Substance Abuse Awareness and Prevention, Tutoring, AIDS, Elderly Care and other programs to aid those in need.

THREE: The duration of this corporation shall be perpetual, no stock and shall have no members.

FOUR: The address of the Registered Office is 17 Juniper Pass Trl. Ocala, Fl. 34480 and the name and address of the registered agent of the registered agent of the corporation shall be:

James T. Ware (Signature)
James T. Ware
17 Juniper Pass Trl.
Ocala, Fl. 34480

FIVE:

- (a) This corporation is organized and operated exclusively for Educational and Charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.
- (b) Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to carry on (1) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code or (2) by a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code.

SIX:

The Directors are elected in accordance with the Bylaws. The name and address of the persons appointed to act as the initial Directors of this corporation are:

NAME	ADDRESS
James T. Ware President	17 Juniper Pass Trl. Ocala, Florida 3448033311
Lisa L. Ware Secretary	PO Box 11955 Jacksonville, Fl. 32239
Gwendolyn Y Ware Treasurer	17 Juniper Pass Trl Ocala, Fl. 34480

SEVEN:

The property of this corporation is irrevocably dedicated to Charitable and Educational purposes and no part of the net income or assets of the organization shall ever inure to the benefit of any director, officer or member thereof or the benefit of any private person.

EIGHT:

On the dissolution or winding up of the corporation, its assets remaining after payment of, or provision for payment of, all debts, and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation, or corporation, which is organized and operated exclusively for, Educational and Charitable under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such asset not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is located, exclusive for such purposes or to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purposes.

NINE:

Executed on November 12, 1998. The name and address of the incorporate of this corporation shall be:

James T. Ware (Signature)
James T. Ware
17 Juniper Pass Trl
Ocala, Fl. 34480

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: RESTORATION CARE MINISTRIES, INC.

2. The name and address of the registered agent and office is:

James T. Ware
(NAME)

17 Juniper Pass Tr.
(P.O. Box or Mail Drop Box NOT Acceptable)

Ocala, FL 34480
(CITY/STATE/ZIP)

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 appointments 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.

James T. Ware
(SIGNATURE)

11-27-98
(DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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