N99000003015 TRANSMITTAL LETTER

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

P.O. Box Tallahass	c 6327 see, FL 32314					
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:			70	0002876 -05/17/990 *****87.50	01001	*——9 -021 *87.50
Enclosed	; d is an original a	ind one (1) copy o	f the articles of inc	orporation and a	a checi	k
for:	\$70.00	\$7.50	\$122.50	\$131.25		
	Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate		
	FROM:	EDWARD CHRIS WASHINGTON		———₹∞	99	÷
		Name (Printed or typed)				3
		<u> </u>	=			
		Ac	dress	い。	-571 -5-71	
		St. Augustine, F	Florida 32095	T'ri	Ĭ	
1		City, State & Zip		AIDA	99 MAY 14 PN 4:43	_
, 10 ¹		(904) 810-544	0			
KI I '		Davtime Tel	lephone number			

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

ARTICLES OF INCORPORATION

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

ARTICLE I Name

The name of the corporation shall be:

ST. JOHNS COUNTY PEOPLE HELPING PEOPLE, INC.



ARTICLE II

Principal Place of business and mailing address
The Principal place of business and the mailing address of the corporation shall be:

ST. JOHNS COUNTY PEOPLE HELPING PEOPLE, INC. 1080 Puryear Street
St. Augustine, Florida 32095

ARTICLE III

Purpose(s)

- To provide financial scholarship fund for deserving youth who want to further their
- education goals
- To provide recreational support through community effort
- To provide assistance for employment skills and education
- To be a non-profit organization that would help people especially youth with afterschool programs that would provide tutoring and mentoring
- To allow people to participate in yearly musicals and community festivals

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows: Officers will be elected every two years by a majority vote

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:

N/A

ARTICLE VI Initial registered agent and street address

The name and the street address of the initial registered agent is:

Edward Chris Washington 1080 Puryear Street St. Augustine, Florida 32095

ARTICLE VII Incorporators

See instructions for officers/directors

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Funder FUCAC OFFICE -	Edward Chris Washington, 1080 Puryear Street, St. Augustine, Florida 32095
PROIDENT -	Roosevelt Killion, P.O. Box 293, Hastings, Florida 32145
secletary -	Lula Wise, 820 W. 3rd Street, St. Augustine, Florida 32095

The undersigned incorporator(s) has (interpretable this with a second se	have) executed these Articles of Incorporation
Signature(s) of Incorporator(s):	
scor officer Educat C. Washigh	Edward C. Washington
	Typed name of incorporator signing
President Rosevelt Killion	Roosevelt Killion
	Typed name of incorporator signing
metalitidari Jula Leuse	Lula Wise
	Typed name of incorporator signing

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION 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:	ST. JOHNS COUNTY PEOPLE HELPING PEOPLE, INC.		
	(must include suffix)		
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2. The name and address of the reg	gistered agent and office is:	99 MAY 14 PM 4: 43 SECRETARIL OF STATE TALLAHASSEE, FLORID	
71		PG F	
Edward Chris Was	chington (Name)	OFFICE TO	
	•	D	
1080 Purvea	r Street		
	Box or Mail Drop Box NOT acceptable)		
St. Augusti	ne, Florida 32095		
	(City/State/Zip)		
stated corporation at the place de appointment as registered agent an comply with the provisions of all stat	ent and to accept service of process for signated in this certificate, I hereby and agree to act in this capacity. I furtitutes relating to the proper and complewith and accept the obligations of my	y accept the ther agree to lete perform-	
Aund O Washita		1. 99	

(Signature)

(Date)