N99000003637

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

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SUBJECT: _	<u>Crown</u>	(Propos	sed corporate name - mus	st include suffix)	<u> </u>	

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

\$70.00 Filing Fee

\$78.75 Filing Fee & Certificate of Status

□\$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Lawa MCKamey
Name (Printed or typed)

828 No "B" Street

Lake Worth, Fl 33460 City, State & Zip

61)355-2939 or (561)588-339

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

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

The name of the corporation shall be: Crown of Victory Enterprises Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 828 North "B" 5+ ake Worth, FL 33460 ARTICLE III PURPOSE(S) The specific purpose(s) for which the corporation is organized is(are): To spread the gospel of Jesus Christ. ARTICLE IV MANNER OF ELECTION OF DIRECTORS The manner in which the directors are elected or appointed is: they are appointed on a yearly Vonsis. ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: aura McKamey 828 North "B" St Lake Worth, FI 33460 ARTICLE VI INCORPORATOR The name and address of the Incorporator to these Articles of Incorporation are: Mc Kamey Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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 appointment 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.

Signature/Registered Agent,