

N 99000PO 6108

Company Name

JEROME JONES MINISTRY INC.

Street Address

1801 DAVIE BLVD.

Suite/Office Num

City

FORT LAUDERDALE

State

FL

Country

USA

Zip Code

33312

Phone Number

954-780 9466

Office Use Only

FILED
99 OCT 11 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) --- (Document #) 900003011979--7
-10/11/99--01124--005
****131.25 *****87.50
2. _____ (Corporation Name) --- (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

OCT 15 1999

Examiner's Initials

STATE OF FLORIDA
DEPARTMENT OF THE SECRETARY OF STATE
ARTICLES OF INCORPORATION
NON-PROFIT PUBLIC BENEFIT CORPORATION

ALFRED OLIVER COMMUNITY DEVELOPMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 11 AM 10:07

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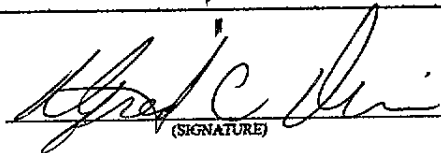
1. The name and address of this principle corporation is ALFRED OLIVER COMMUNITY DEVELOPMENT, INC. 1908 N.W. 185TH ST. MIAMI, FL. 33056
in DADE County. The corporation is an organized
pursuant to the State of FLORIDA Non-profit Corporation
Code.

2. This corporation is a non-profit Public Benefit Corporation and is organized to aid mankind through Economic and Community Development Programs. This corporation is organized under the Non-profit Public Benefit Corporation Laws. The programs will consist of Economic and Community Development Programs, but shall not be limited to: Homelessness, Health Care, Child Care, Youth At High Risk, Tutorial, Land Acquisition, Housing Job Training, Counseling, Job Placement, Employment, and other support programs to aid those in need.

3. The street address and county of the initial registered office of the corporation is:
Number and Street: 1908 N.W. 185TH ST. (COUNTY: DADE)
City, State, Zip Code: MIAMI, FL. 33056

4. The mailing address (if different from the street address of the initial registered office):

5. The name and address of the registered agent:


(SIGNATURE)

ALFRED C. OLIVER

1908 N.W. 185TH ST.

MIAMI, FL. 33056

(b) This corporation is organized and operated exclusively for the Public Benefit purposes within the meaning of Section 501 (c) 3 of the Internal Revenue Code.

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

7. The duration of this corporation shall be perpetual, and shall have no stock or members. (b) The property of this corporation is irrevocably dedicated to Public Benefit 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

9. The street address and county of the principle office of the corporation is:

10. Executed on OCTOBER 5, 1999. The name and address of the incorporator of this corporation shall be: [Signature] (Signature)

~~ALFRED C. OLIVER~~
~~1908 N.W. 185TH ST.~~
~~MIAMI, FL. 33056~~

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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:

ALFRED OLIVER COMMUNITY DEVELOPMENT, INC
(MUST INCLUDE SUFFIX)

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

ALFRED C. OLIVER
(NAME)

1908 N.W. 185TH ST.
(P.O. BOX OR MAIL DROP NOT ACCEPTABLE)

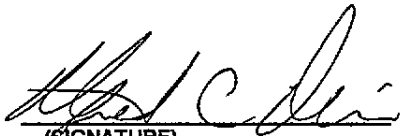
MIAMI, FL. 33056
(CITY/ STATE/ ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

10-5-99
(DATE)