

N 9900000 4113

Company Name
JEROME JONES MINISTRY INC.

Street Address
1801 DAVIE BLVD.

Suite/Office Num

City State Country
FOOT LAUDERDALE FL USA

Office Use Only

Zip Code Phone Number
33014 954 763 1300

BER(S), (if known):

1. _____ (Corporation Name) (Document #) **100003011981--1**
2. _____ (Corporation Name) (Document #) **-10/11/99--01124--007**
*****131.25 ***87.50**
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

99 OCT 11 PM 12:51

FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

~~R. O. JACKSON~~ OCT 1 1999

Examiner's Initials	
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STATE OF FLORIDA
DEPARTMENT OF THE SECRETARY OF STATE
ARTICLES OF INCORPORATION
NON-PROFIT PUBLIC BENEFIT CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 11 PM 12:52

FILED

100% ARLINE COMMUNITY DEVELOPMENT, INC.

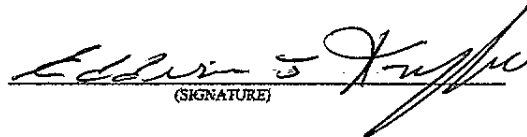
1. The name and address of this principle corporation is 100% ARLINE COMMUNITY DEVELOPMENT, INC. 17650 N.W. 40TH AVE. CAROL CITY, FL. 33055 in DADE County. The corporation is an organized pursuant to the State of FLORIDA Non-profit Corporation Code.

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: 17650 N.W. 40TH AVE. (COUNTY: DADE)
City, State, Zip Code: CAROL CITY, FL. 33055

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)

EDDISON J. KNIGHTS

17650 N.W. 40TH AVE.

CAROL CITY, FL. 33055

(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.

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:

100% ARLINE COMMUNITY DEVELOPMENT, INC.

(MUST INCLUDE SUFFIX)

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

EDDISON J. KNIGHTS

(NAME)

17650 N.W. 40TH AVE.

(P.O. BOX OR MAIL DROP NOT ACCEPTABLE)

CAROL CITY, FL. 33055

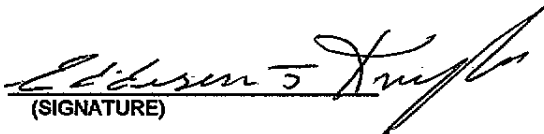
(CITY/ STATE/ ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 11 PM 12:52

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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)

10-8-99
(DATE)