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CR2E031(1/95)

Examiner's Initials

## STATE OF FLORIDA DEPARTMENT OF THE SECRETARY OF STATE ARTICLES OF INCORPORATION

## NON-PROFIT PUBLIC BENEFIT CORPORATION

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 DADE \_\_\_\_\_ County. The corporation is an organized pursuant to the State of Non-profit Corporation ELORTDA..... 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:

(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.

EDDISON J

CAROL CITY,

17650 N.W. 40TH AVE.

FL.

33055

- (c) Not-withstanding 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.
- 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:

NAME	ADDRESS	•
EDDISON J KNIGHT PRESIDENT	17650 N.W. 40TH AVE. FL. 33055	CAROL CITY,
SHERIAL A. KNIGHTS SECRETARY	17650 N.W. 40TH AVE. FL. 33055	CAROL CITY,
DENISHA S. KNIGHTS TREASURER	17650 N.W. 40TH AVE. FL. 33055	CAROL CITY,

- 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
- 8. 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 non-profit fund, foundation, or corporation, which is organized and operated exclusively for Public Benefit or Religious, 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 assets not disposed of shall be dispose of by the Court of Common Pleas of the County in which the principle office for the such purposes.
- 9. The street address and county of the principle office of the corporation is:
  17650 N.W. 40TH AVE. (COUNTY: DADE)
  MIAMI, FL. 33055

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

EDDISON J. KNISHTS

17650 N.W. 40TH AVE. MIAMI. FL. 33055

## 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 T	THE CORPORATION IS:		a •	
100	% ARLINE COMMUNITY DEVELOPMENT, INC.			
	(MUST INCLUDE SUFFIX)		<b>-</b>	-
2. THE NAME AND	ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:			
	EDDISON J. KNIGHTS	}		
	(NAME)	E	99 OCT	
	17650 N.W. 40TH AVE.	記さ	CT	
-	(P.O. BOX OR MAIL DROP NOT ACCEPTABLE)	ASE A		Ë
	CAROL CITY, FL. 33055	교육	PH	E
•	(CITY/STATE/ZIP)		Ň	
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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-

45

10-858 (DATE)