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ARTICLES OF INCORPORATION OF ARK OF SAFETY, INC.

ONE: The name of the corporation is ARK OF SAFETY, INC. The address for the principal office is 722 W. 21st Street, Jacksonville, Florida 32208. The corporation is pursuant to the **FLORIDA** Nonprofit Corporation Code.

TWO: This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. The corporation is organized under the Nonprofit Public Benefit Corporation Law for, charitable and educational purposes to aid the poor and disadvantaged individuals and families towards a life of self-sufficiency. The programs will consist of but shall not be limited to: Job Training, Job Placement, Land Acquisition, housing, Employment, Literacy, Counseling, Temporary Shelter, Teenage Pregnancy, Substance Abuse Awareness and Prevention, Tutoring, AIDS, Elderly Care and other programs to aid those in need.

THREE: The duration of this corporation shall be perpetual, no stock and shall have no members.

FOUR: The name and address of the registered agent of the corporation shall be:

Corene Williams
722 W 21st Street

Jacksonville, FL 32208

FIVE:

(a) This corporation is organized and operated exclusively for Educational and Charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

(b) Not-withstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to carry on (l) by a corporation exempt from federeal 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.

(1)

SIX: The Directors are elected in accordance with the Bylaws. A director

must be 18 years of age. The number of Directors shall be three (3). The name and address of the persons appointed to act as the initial Directors of this corporation are:

NAME

ADDRESS

Corene Williams

134 E. 44th Street

President

Jacksonville, FL 32208

Willie Williams

134 E. 44th Street

Secretary

Jacksonville, FL 32208

Joseph Wade

436 West 25th Street

Treasurer

Jacksonville, FL 32206

SEVEN:

The property of this corporation is irrevocably dedicated to Charitable and Educational 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.

EIGHT:

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 nonprofit fund, foundation, or corporation, which is organized and operated exclusively for, Educational and Charitable 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 asset not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is located, exclusive for such purposes or to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purposes.

NINE:

Executed on October 11, 1999. The name and address of the incorporator of this corporation shall be, In Witness Whereof, I have signed these articles and acknowledge same to be my act.

Corene Williams
134 E. 44th Street
Jacksonville, FL 32208

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 REGISTEREOFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

(must include suffix)	SECRETARY
The name and address of the registered agent and office is:	TARY IASSE
Corene Williams	PE SI
(NAME)	STATE LORIDA
722 W. 21 st Street	
(P.O. Box or Mail Drop Box NOT acceptable)	_
Jacksonville, Florida 32208	
Jacksonville, Florida 32208 (CITY/STATE/ZIP)	_

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) X 11/5/99 (Date)

00006733 Requester's Name Address Phone # City/State/Zip Office Use Only MBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time Walk in Photocopy Certificate of Status Will wait Mail out **AMENDMENTS NEW FILINGS** Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent ☐ Limited Liability Dissolution/Withdrawal Domestication ☐ Merger ☐ Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report ☐ Limited Partnership ☐ Fictitious Name Reinstatement Trademark S. Thompson NOV 1 6 1999 Other

Examiner's Initials

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722 W 21st Street

Jacksonville, FL 32208

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ADDRESS

Corene Williams

134 E. 44th Street

President

Jacksonville, FL 32208

Willie Williams

134 E. 44th Street

Secretary

Jacksonville, FL 32208

Joseph Wade

436 West 25th Street

Treasurer

Jacksonville, FL 32206

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NINE:

Executed on October 11, 1999. The name and address of the incorporator of this corporation shall be, In Witness Whereof, I have signed these articles and acknowledge same to be my act.

Corene Williams 134 E. 44th Street Jacksonville, FL 32208

Olly Weller (Signature)

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The name of the corporation is:		
ARK OF SAFETY, INC.		
(must include suffix)	SECR TALLA	_99 M
The name and address of the registered agent and office is:	ETARY MASSE	99 NOV 12
Corene Williams	OF ST	AH 9: 3
(NAME)		<u>ယ</u>
722 W. 21 st Street		
(P.O. Box or Mail Drop Box NOT acceptable)		
Jacksonville, Florida 32208		
(CITY/STATE/ZIP)	_	

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(Signature) X 11/5/99
(Signature) (Date)