POOCEST ALTO 249

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

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SUBJECT:	AGAPE COMMUNICATIONS TO (Proposed corpo	NC . rate name - must include sui	Tix)	
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Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	-
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	©\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Signature 15 Status Status Status Status	
FROM:	JUNE COOKE Name (F	rinted or typed)		
	155 JOYCE STREET Address			JUL 00
	SAFETY HARBOR, FL 34695 City, State & Zip (727) 725-5734 (727) 725-5734		20 PH 2:	
,	(727) 725–5734 Daytime 7	Celephone number		C)

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

00 JUL 20 PM 2: 16 SECRETARY OF STATE TALLAHASSEE FLORIDE.

ARTICLE I NAME

The name of the corporation shall be:

AGAPE COMMUNICATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

155 JOYCE STREET, SAFETY HARBOR, FL 34695

P.O. BOX 1004, SAFETY HARBOR, FL 34695

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JUNE COOKE

155 JOYCE STREET, SAFETY HARBOR, FL 34695

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JUNE COOKE

Signature/Incorporator

155 JOYCE STREET, SAFETY HARBOR, FL 34695

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

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

Signature/Registered Agent

Date