P04000/59832

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special Histractions to Filling Officer.				

Office Use Only



500042686165

11/19/04--01046--003 **87.50



July 11/2

TRANSMITTAL LETTER

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

SUBJECT:		•	ective 1/1105)
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
FROM:	Minister Elijah Cameron Name (Printed or typed)		
	282 McDuff Avenue, South Address		
	Jacksonville, Florida 32254 City, State & Zip		
	(904) 254-3754 Daytime Telephone number		

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

Effective: 01/01/2005

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

04 NOV 19 PM 3:51

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Parents As Partners, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 12669 Jacksonville, Florida 32209-2669

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To sell products and services to the general public

ARTICLE IV SHARES

The number of shares of stock is: 2,000,000 (two-million)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Minister Alonzo Whitehurst P.O. Box 12669 Jacksonville, Florida 32209-2669 Minister Miriam Whitehurst Jacksonville, Florida 32209-2669 CFO P.O. Box 12669 Jacksonville, Florida 32209-2669 Minister Ishmael Farra President P.O. Box 12669 Minister Ayeisha Eaves Vice President P.O. Box 12669 Jacksonville, Florida 32209-2669 Minister Xavier Eaves Secretary P.O. Box 12669 Jacksonville, Florida 32209-2669 Minister Hakeem Eaves Treasuer P.O. Box 12669 Jacksonville, Florida 32209-2669

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Minister Elijah Cameron 282 McDuff Avenue, South Jacksonville, Florida 32254

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Minister Miriam Cameron 282 McDuff Avenue, South Jacksonville, Florida 32254

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Minister Missau Cameron

Signature/Incorporator

Date