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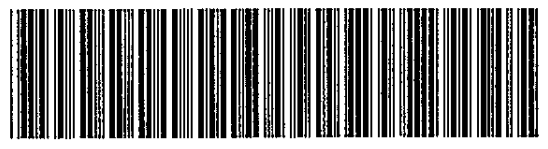
(Business Entity Name)

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PALM BEACH COUNTY
FLORIDA

06 JAN 31 10:23

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T R A N S M I T T A L L E T T E R

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

SUBJECT: Second Chance in Life Inc.
(Proposed corporate name - must include suffix)

**Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :**

\$70.00	✓ \$78.75	\$122.50	\$131.25
Filing	Filing Fee	Filing Fee	Filing Fee,
	& Certificate Copy	& Certified Copy	& Certificate

Additional Copy Required

FROM: GERALD P. JONES CPA,PA
Name (printed or typed)

2039 Soutel Dr.
address

Jacksonville, Florida , 32208
City, State & Zip

(904) 768- 1700
Daytime Telephone number

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06 JAN 31 11:10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Articles of Incorporation
Of
Second Chance in Life Inc.**

The undersigned, acting as the incorporator in accordance with the provisions of the laws of the State of Florida for the formation of corporations under the Florida Business Corporation Act, hereby adopt the following articles of incorporation.

Article I - Name

The name of this corporation shall be:
Second Chance in Life Inc.

Article II- Purpose

This corporation is organized for the purpose of housing for displaced individuals and any related lawful business purpose which may become necessary or desirable for the furtherance of the corporate objectives.

Article III- Term of Existence

The period of duration of the existence of this corporation will be perpetual and shall commence at the time of filing of the articles of Incorporation by the Department of state.

Article IV- Principal Office

The principal place of business and mailing address of this corporation is:

116 Lawton Ave. Jacksonville Florida 32208

Article V- Capital Stock

The corporation is authorized to issue only one class of stock. The number of shares authorized shall be 20,000 and the par value of each share is \$10.00.

Article VI- Initial Registered Agent and Street Address

The initial Registered Agent and the street address of the initial registered office of the corporation in the State of Florida shall be:

Gerald P. Jones CPA, PA
2039 Soutel Dr.
Jacksonville, Florida 32208

Article VII- Incorporator

The name and address of the Incorporator of this corporation is as follows:

Katrina Mathis
116 Lawton Ave.
Jacksonville Florida 32208

Article VIII- By Laws

The power to adopt, alter, amend or repeal by laws shall be vested in the Board of directors.

Article IX- Initial Board of Directors

This corporation shall have one (1) Director initially. The number of Directors may be either increased or diminished from time to time by the By-laws but shall never be more than ten. The names and addresses of the Initial Directors of this corporation are:

Katrina Mathis
116 Lawton Ave.
Jacksonville, Fla. 32208

Article X- Indemnification

This corporation shall indemnify any Officer or Director, or any former Officer or Director to the full extent permitted by law.

Article XI- Officers

The name and address of the Officers of this corporation who shall hold office for the first year of the corporation, or until their successors is elected or appointed and have qualified are as follows:

President Katrina Mathis
116 Lawton Ave.
Jacksonville Florida 32208

Vice-President Nathaniel Mathis
116 Lawton Ave.
Jacksonville Florida 32208

Treasurers Coleman Cummings
1137 Boykin Lane
Baldwin Florida 32234

Secretary Kimberly Gray
877 Cherry Point Way
Jacksonville, Florida 32218

Article XII- Amendment

These articles may be amended in the manner provided by law. In witness whereof, the undersigned Incorporator has made and subscribed these Articles of Incorporation at Jacksonville, Duval County, Florida, for the uses and purposes aforesaid, this 26 day of Jan., 2005.



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06 JAN 21 11:10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 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.


The name of the Corporation is:
Second Chance in Life Inc.

The name and address of the registered agent and office is:

Gerald P. Jones CPA, PA
2039 Soutel Dr.
Jacksonville, Florida 32208

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 statues 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)


(Date)

State of Florida

County of Duval

The foregoing instrument was acknowledge before me this 26 day of

January, 2005 by Katrina Mathis,

Who is personally known to me or who has produced Florida,

As identification and who did/did not take an oath.

Given under my hand this 26 day of January, 2005

My commission expires: July 8, 2008

Margaret L. Jones
NOTARY PUBLIC, of, IN AND FOR THE
STATE OF FLORIDA

(SEAL)

