

N9900000 6113

Company Name

JEROME JONES MINISTRY INC.

Street Address

1801 DAVIE BLVD.

Suite/Office Num

City

FORT LAUDERDALE

State

FL

Country

USA

Zip Code

33014

Phone Number

954 781 1200

Office Use Only

BER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) **100003011981--1**
-10/11/99--01124--007
2. _____ (Corporation Name) _____ (Document #) ******131.25 ****87.50**
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 11 PM 12:51

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NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

RECEIVED

OCT 1 1999

Examiner's Initials	
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STATE OF FLORIDA
DEPARTMENT OF THE SECRETARY OF STATE
ARTICLES OF INCORPORATION
NON-PROFIT PUBLIC BENEFIT CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 11 PM 12:52

FILED

100% ARLINE COMMUNITY DEVELOPMENT, INC.

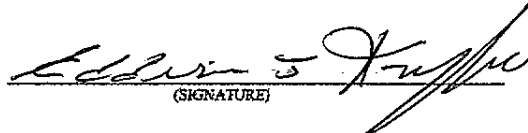
1. The name and address of this principle corporation is 100% ARLINE COMMUNITY DEVELOPMENT, INC. 17650 N.W. 40TH AVE. CAROL CITY, FL. 33055 in DADE County. The corporation is an organized pursuant to the State of FLORIDA Non-profit Corporation Code.

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:


(SIGNATURE)

EDDISON J. KNIGHTS

17650 N.W. 40TH AVE.

CAROL CITY, FL. 33055

(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.

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 THE CORPORATION IS:

100% AIRLINE COMMUNITY DEVELOPMENT, INC.

(MUST INCLUDE SUFFIX)

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

EDDISON J. KNIGHTS

(NAME)

17650 N.W. 40TH AVE.

(P.O. BOX OR MAIL DROP NOT ACCEPTABLE)

CAROL CITY, FL. 33055

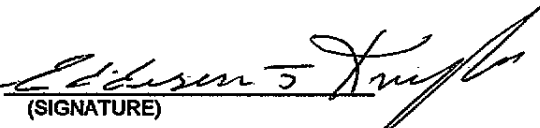
(CITY/ STATE/ ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 11 PM 12:52

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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)

10-8-98
(DATE)