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(Requestor's Name)

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(Address)

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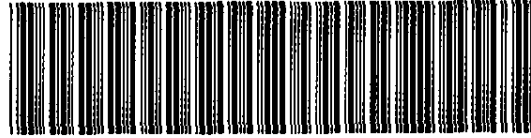
(Business Entity Name)

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FILED  
2011 MAY 26 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 27 2011

**COVER LETTER**

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

**SUBJECT: HOLY TRAP MINISTRIES, 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  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: MR. KEYON DEAN  
Name (Printed or typed)

401 SOUTH MAIN AVE, APT #8  
Address

LAKE PLACID, FL 33852  
City, State & Zip

863-243-9046  
Daytime Telephone number

mr\_key69@hotmail.com  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
**In compliance with Chapter 617, F.S., (Not for Profit)**

**ARTICLE I**  
**NAME**

The name of this Corporation shall be **HOLY TRAP MINISTRIES, INC.**

**ARTICLE II**  
**PRINCIPAL OFFICE**

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

**HOLY TRAP MINISTRIES, INC.  
C/O MR. KEYON DEAN  
401 SOUTH MAIN AVE, APT #8  
LAKE PLACID, FLORIDA 33852**

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**ARTICLE III**  
**PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS FORMED AND ORGANIZED ARE AS FOLLOWS:*

***THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE AND EDUCATIONAL PURPOSES. IN ORDER TO ACCOMPLISH THOSE OBJECTIVES AND TO IMPLEMENT THEM, THE CORPORATION SHALL ALSO HAVE THE POWER TO DO EACH AND EVERY ONE OF THE FOLLOWING:***

- (A) TO AID, SUPPORT, MAINTAIN OR ASSIST, BY GIFT, DONATION OR OTHERWISE ESTABLISHED RELIGIOUS, CHARITABLE INSTITUTIONS AND INDIVIDUALS WHO ARE IN NEED OF SPIRITUAL AND FINANCIAL NEEDS***
- (B) TO SOLICIT AND ACCEPT VOLUNTARY CONTRIBUTIONS AND TO ACCEPT, RECEIVE AND ADMINISTER, FOR ITS EXCLUSIVE PURPOSES, CASH AND OTHER PROPERTY, WHETHER THE SAME BE REAL, PERSONAL OR MIXED, BY GIFT, GRANT, DEVISE, TRUST INSTRUMENT, BEQUEST, EXCHANGE OR OTHERWISE;***
- (C) TO ESTABLISH, MAINTAIN, OPERATE AND CONTROL DIRECTLY OR INDIRECTLY, AN INSTITUTION OF EDUCATION, OFFERING CONSULTATION, CORRESPONDENCE AND SEMINAR COURSES, INSTRUCTION AND TRAINING IN ALL FIELDS OF SECULAR AND RELIGIOUS EDUCATION***
- (D) TO ESTABLISH, MAINTAIN, OPERATE AND CONTROL, A CHURCH OR OTHER RELIGIOUS INSTITUTION, CHRISTIAN COUNSELING CENTER OR CHAPLAIN PROGRAM TO AID CORPORATIONS, PRISONS OR JAILS***
- (E) TO ESTABLISH, MAINTAIN, OPERATE AND CONTROL SOCIAL SERVICE FACILITY THAT MAY WORK WITH OTHER 501 (C) (3) ORGANIZATIONS AND/OR GOVERNMENT TO HELP ALLEVIATE PROBLEMS WITH GANGS, ADDICTION AND THE POOR***
- (F) TO HAVE AND MAINTAIN SUCH OFFICE OR OFFICES AND RELATED EQUIPMENTS THAT ARE NECESSARY, CONVENIENT, OR EXPEDIENT TO ADMINISTER THE AFFAIRS***



THE CORPORATION SHALL NOT ENGAGE IN ANY TRANSACTION, OPERATION OR OTHERWISE WHICH SPECIFICALLY PROHIBITED BY THE INTERNAL REVENUE CODE OR ITS REGULATIONS ISSUED THEREUNDER. THE PURPOSES SHALL, AT ALL TIMES, BE EXCLUSIVELY RELIGIOUS, CHARITABLE, AND EDUCATIONAL.

**ARTICLE VII**  
**REGISTERED AGENT**

THE NAME AND ADDRESS OF THE FIRST REGISTERED AGENT AUTHORIZED TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA FOR THE CORPORATION IS:

**MR. KEYON RAFAEL DEAN**  
**401 SOUTH MAIN AVE, APT #8**  
**LAKE PLACID, FLORIDA 33852**

**ARTICLE VIII**  
**INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

**MR. KEYON RAFAEL DEAN**  
**401 SOUTH MAIN AVE, APT #8**  
**LAKE PLACID, FLORIDA 33852**

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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- MR. KEYON R, DEAN- REGISTERED AGENT

05/01/11

DATE

I SUBMIT THIS DOCUMENT AND AFFIRM THAT THE FACTS STATED HEREIN ARE TRUE. I AM AWARE THAT ANY FALSE INFORMATION SUBMITTED IN A DOCUMENT TO THE DEPARTMENT OF STATE CONSTITUTES A THIRD DEGREE FELONY AS PROVIDED FOR IN S.817.155, F.S



SIGNATURE- MR. KEYON R. DEAN- INCORPORATOR

05/01/11

DATE