(Requestor's Name)				
(Äddress)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WA	IT MAIL			
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(Document Number)				
Certified Copies Certif	ficates of Status			
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## **COVER LETTER**

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

SUBJECT: LAK By Faith Ministry Church of Christ Written in Heaven Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	and one (1) copy of the Ar	ticles of Incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REOURED

Name (Printed or typed)

8476 Southern Park Arive
Address

Tallahassee, Fla. 32305

City, State & Zip

850/363-0910

Daytime Telephone number

caneryb 1910 Smail. Com

E-mail address: (to be used for future annual report notification

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

y Church of Christ Written in Heaver
1
Mailing address, if different is:
about a change in peoples se in their lives, By creating and preach the word of God. To refrength by teaching them the personal relationship with Jesus orthing with Him even when the of time in the Communities.
ectors are elected and appointed:

Name and Tit	itle: Name ar	nd Title:
Address	Address	:
		<del></del>
Name and Tit	itle:Name ar	and Title:
Address	Address	·
		<del></del>
ARTICLE VI	T REGISTERED AGENT  1d Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Pasto-Alonzo C. Brown, Sr.	
Address:	8476 Southern Pork Orive	
	Tallah: 120, F1.32305	
ARTICLE VI. The name and	TH INCORPORATOR  and address of the Incorporator is:	christ written in Heaven Inc
Name:	WAIK By Faith Ministry Church of	Christ Writter for Fice C. 1 22
Address:	Haar West Pensacola Street	
	Tallahassee, FI 32304	
Effective date.	C. if other than the date of filing: ve date is listed, the date must be specific and cannot	. (OPTIONAL) be more than five days prior or 90 days after the filing.)
Note: If the d	date inserted in this block does not meet the applicable st effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as the
Having been cortificate, I am	am familiar with and accept the appointment as registere	for the above stated corporation at the place designated in this dagent and agree to act in this capacity
1	Required Signature of Registered Agent	Date
I submit this d to the Departn	document and affirm that the facts stated herein are true ment of State constitutes a third degree felony as provide	e. I am aware that any false information submitted in a document d for in s.817.155, F.S.
Yaster /	Three CROWN. St.	
(	Required Signature of Incorporator	Date