

GILMAN + GIOCIA

**INCOME TAX
AND FINANCE
PLANNING SPECIALISTS**

N 98000000487/

1101 NORTH CONGRESS AVE., SUITE 202
BOYTON BEACH, FLORIDA 33426
(407) 732-7201
FAX (407) 732-5368

~~DATA~~

HERE IS A NON-CERTIFIED
CORP \$7000.

PLEASE MAIL TO -

ROBERT KIESLING, PA, EA 4000002600064--2
1101 N. CONGRESS AVE, #203 07/28/98--01013--005
BOYTON BEACH, FL. 33426 *****70.00 *****70.00

THANKS
AGAW

GO NOLES !!!

Robert K /
561-732-5368

98 AUG 24 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

W-17172

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

GRACE FELLOWSHIP RECOVERY CHURCH INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8068 S.E. COCONUT STREET, HOBE SOUND, FL 33455

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

SPIRITUAL AND EMOTIONAL GROUP COUNSELING

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

DIRECTORS ARE VOTED BY MEMBERS

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

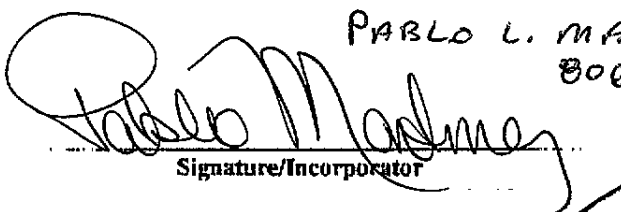
ROBERT KIESLING
1101 N CONGRESS AVE. #203, BOYNTON BEACH, FL.
33426

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

PABLO L. MARTINEZ

8068 S.E. COCONUT ST., HOBE SOUND,
FL. 33455


Signature/Incorporator

8/18/98
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

8/18/98
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA