

P10000009738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

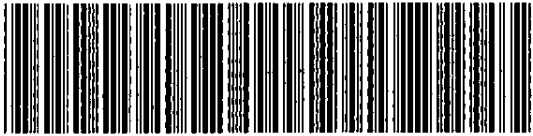
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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COVER LETTER

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

SUBJECT: Rhema Healthcare Consulting, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Clayton D. Edwards
Name (Printed or typed)

3382 SW Newberry Ct
Address

Palm City, FL 34990
City, State & Zip

772-631-7376
Daytime Telephone number

clayton.edwards@comcast.net
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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: *Rhema Healthcare Consulting, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

*3382 SW Newberry Ct.
Palm City, FL 34990*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any legal business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Clayton D. Edwards, President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Clayton D. Edwards
3382 SW Newberry Ct.
Palm City, FL 34990*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Clayton D. Edwards
3382 SW Newberry Ct.
Palm City, FL 34990*

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

Clayton D. Edwards

Signature/Registered Agent

1/28/2010

Date

Clayton D. Edwards

Signature/Incorporator

1/28/2010

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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