

(Requestor's Name)	
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PICK-UP WAIT MA	//L
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TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the art	icles 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 CO	PY REOUIRED

FROM: Nedra Botel Name (Printed or typed)
PD Box 872 Address
ALACHUA FL 32615 City, State & Zip
362. 332.769

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 28, 2005

NEDRA BATES P.O. BOX 872 ALACHUA, FL 32615

SUBJECT: FAMILY HERITAGE INC.

Ref. Number: W05000021636

We have received your document for FAMILY HERITAGE INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

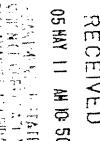
The document number of the name conflict is P95000000832 - FAMILY HERITAGE, INC..

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 605A00029754



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:
family Hertrage, Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
14209 nw 156 Place HIACHUATE 526, 0
The principal place of business/mailing address is: 14209 NW 156 Place Alachua FC 3266 577 8 PUBOX 872 Alachua, FC 32665 - mailing
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Professional Corporation for Profit
ARTICLE IV SHARES
The number of shares of stock is: the aggregated number of shares which this corporation > Authorized to issue 100. Such shares shall be single class and shall have par value of \$1.00 per share or without value.
corporation 13 Authorized to 1850e 100. Such shalls shall be single
List name(s), address(es) and specific title(s): C. Lynette Szymanki 465 nw 147 way Councille PLB266 CPP NEDRA BOUTES PO Box 872 Alachua, FC 52615 CSEC
C. Whethe Szimonki 465 nw 147 way Councille to 32015 WP
NEDRA BOXES PO BOX 9272 ALACHOA,
NEDRA BOLLS POBOX 872 ALACION, FC 57615 CSCI Christindo N. Bills POBOX 872 ALACION, FC 57615 CSCI MORROMANO COMPREDEN COMPREDE BOLLS
management m. michelle Botos
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
MEDRA BATS
14209 NW 156 PI
Alachua Fl 321016
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is:
NEDRA BATES
14209 NW ISOPI Mailing: PO BOX 872 Alachua FL 321015
ALMA FC 32600 ***********************************
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
(Hear)
Signature Pagistant 1
Signature/Registered Agent Date
74-18-75
Signature/Incorporator Date