

N 0000000 6546
TRANSMITTAL LETTER

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

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-09/29/99-01094-005
*****87.50 *****87.50

SUBJECT: THE GARDEN OF EDEN 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: LISA L. SNEED
Name (Printed or typed)
POST OFFICE BOX 11955
Address
JACKSONVILLE, FL 32239
City, State & Zip
(904) 805-0391
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 SEP 29 AM 9:27

FILED

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

F. CHESSER

OCT 3 2000

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

THE GARDEN OF EDEN MINISTRIES, INC.

ARTICLE II PRINCIPAL OFFICE

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

**POST OFFICE BOX 11955
JACKSONVILLE, FL 32239**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TEACH, TRAIN, AND ASSIST WOMEN AND CHILDREN.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

DIRECTORS WILL BE APPOINTED BY LISA L. SNEED, ANNUALLY.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

**LISA L. SNEED
POST OFFICE BOX 11955
JACKSONVILLE, FL 32239**

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

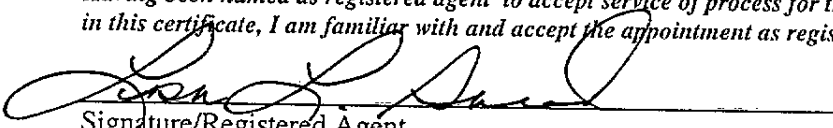
**LISA L. SNEED
1834 WOODLEIGH DRIVE WEST
JACKSONVILLE, FL 32211**

ARTICLE VII INCORPORATOR

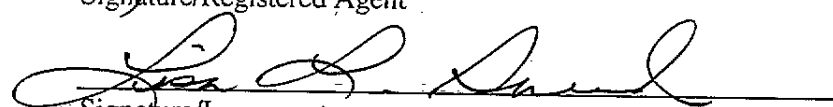
The name and address of the Incorporator is:

**LISA L. SNEED
POST OFFICE BOX 11955
JACKSONVILLE, FL 32239**

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/Registered Agent

9/28/00
Date


Signature/Incorporator

9/28/00
Date

FILED
00 SEP 29 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA