N01000001283

TRANSMITTAL LETTER

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

400003747824---: -02/22/01--01091--005 ******78.75 ******78.75

SUBJECT: Crampion Restoration Healing AND Feeding Ministry In

(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

☐ \$87.50 Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Dorothy Grant
Name (Printed or typed)

4261 NW 191st Street

Opa Locka Fla 33055

305-623-2819

Daytime Telephone number

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

ARTICLES OF INCORPORATION , In Compliance with Chapter 617, F.S., (Not for Profit)	
ARTICLE I NAME The name of the corporation shall be: Champion Restoration, Healing and Feeding Ministry, In	hc
The principal place of business and mailing address of this corporation shall be: 4261 NW 1918+ Street Opa Locka, Fla 33055 ARTICLE III PURPOSE The purpose for which the corporation is organized is: 10 provide Social Services to the disadvantage and home in pade county.	•
The manner in which the directors are elected or appointed: all directors are appointed by the president,	l-arv_ #
ARTICLE V INITIAL DIRECTORS/OFFICERS The name and addresses: Dorothy Grant-President, 4261 NW 1915+St, Dpa Locka, Fla 3305 Uriah Covant-Vice President, 4261 NW 1915+St, Dpa Locka, Fla 3305 Charmaine Dobson-Secretary, 2508 E. SuperiorSt, Dpa Locka, Fla 3305	55 5 53 -
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the registered agent is: Berna dette Slater, 4261 NW 1915+ St Opa Locka, Fla 33055 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Dorothy Grant 4261 NW 1915+ St Opalocka, Fla 33055	
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	

Signature/Registered Agent

Date

2/16/0/
Date

Date

50