

# N03000008989

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 224-7047

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FLORIDA NON-PROFIT CORPORATION

THE LAMB'S WIFE MINISTRIES, INC.

Certificate of Status	1
Certified Copy	0
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## ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purposes of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopts the following Articles of Incorporation:*

### ARTICLE I NAME

The name of the corporation shall be:

THE LAMB'S WIFE MINISTRIES, INC.

### ARTICLE II PRINCIPAL OFFICE

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

11377 S.W. 171st Street  
Miami, Florida 33157

### ARTICLE III PURPOSE

The specific purpose of this corporation is to provide shelter for unwed mothers and their unborn children and related purposes.

### ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected is by the majority consent of the currently serving directors.

### ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Wade C. Peterson Esq.  
234 North Krome Avenue  
Homestead, Florida 33030

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#### ARTICLE VI INITIAL DIRECTOR AND OFFICER

The initial Director and President of this corporation is:

K. JOY GUNNING  
15860 S.W. 108<sup>th</sup> Place  
Miami, Florida 33157

#### ARTICLE VII INCORPORATOR

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

K. JOY GUNNING  
15860 SW 108<sup>th</sup> Place  
Miami, Florida 33157

  
\_\_\_\_\_  
Signature of Incorporator

10/15/03  
\_\_\_\_\_  
Date

*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 of 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 am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
Signature of Registered Agent

10/15/03  
\_\_\_\_\_  
Date

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