## 030000101

(Requestor's Name)
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☐ PICK-UP WAIT ☐ MAIL
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> DIVISION OF CORPORATION 03 MDV 21 PM 3 07

## TRANSMITTAL LETTER

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

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 \$87.50
Filing Fee Filing Fee & Certificate of Status

\$2 Certificate of Status

\$4 ADDITIONAL COPY REQUIRED

ROM: Selinda L Scoll-Grahan
Name (Printed or typed)

PO Box 94

Address

Newberry F/ 32669

City, \$tate & Zip

(352) 472-5317

Daytime Telephone number

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

## <u>NAME</u> The name of the corporation shall be: lenister Inc. 03 NOV 21 AM 11: 45 The principal place of business and mailing address of this corporation shall be: PO BOX 94 Newberry, F. 32669 The purpose for which the corporation is organized is: To Frach title gospal ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed: will be exected according ARTICLE V INITIAL DIRECTORS OFFICERS The name(s), address(es) and title(s): INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the registered agent is: Belinda L Scott-Graham 510 NW assed St. Newberry , Fl 32669 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: L Scott-Graham 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.

ARTICLES OF INCORPORATION

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