

N040000002539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

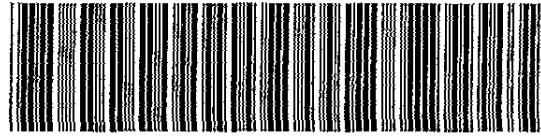
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAR -4 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: ABOUT OUR FATHER'S BUSINESS, 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: JAMES A. HICKMAN, AGENT
Name (Printed or typed)
220 GOVERNMENT STREET STE 1
Address
NICEVILLE, FL 32578
City, State & Zip
850-729-8585
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ABOUT OUR FATHER'S BUSINESS, INC.

ARTICLE II PRINCIPAL OFFICE

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

216 CREWILLA DRIVE
FORT WALTON BEACH, FL 32548

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE THE EDUCATIONAL FINANCIAL, AND EMPOWERMENT OF WOMEN
AND CHILDREN.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY CONSENSUS OF INITIAL BOARD OF DIRECTORS

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

ROGERIC E. COLEMAN, 216 CREWILLA DRIVE, FORT WALTON BEACH, FL 32548
PRESIDENT/CHAIRMAN
PAMELA J. COLEMAN 216 CREWILLA DRIVE, FORT WALTON BEACH, FL 32548
VICE PRESIDENT/DIRECTOR
KATRINA J MADDEN, 216 CREWILLA DRIVE, FORT WALTON BEACH, FL 32548
SECRETARY/DIRECTOR

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

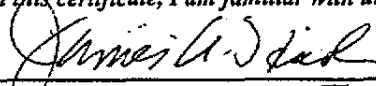
JAMES A. HICKMAN, AGENT
220 GOVERNMENT STREET, STE 1
NICEVILLE, FL 32578

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

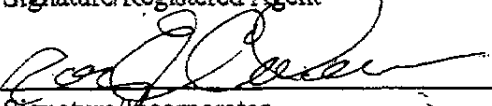
ROGERIC E. COLEMAN
216 CREWILLA DRIVE
FORT WALTON BEACH, FL 32548

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

1-28-2004
Date



Signature/Incorporator

1-28-2004
Date