## N04000006847

(Red	questor's Name)	
(Add	dress)	
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(Cit	(Chaha /Zia (Dhana III	
(City	//State/Zip/Phone #	)
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(Bus	siness Entity Name	)
(Doc	cument Number)	
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FILED SECRETARY OF STATE ALLAHASSEF. TLORIDA

DE LA CASATION DE LA CASTATION DE LA CASTATION

01/1/07

In Compliance with Chapter 617, F.S., (Not for Profit)	
ARTICLE I NAME  The name of the corporation shall be:  Faith House of Prayer Holiness	Church Corp.
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall to POBOXII6) 1504 Martin Luther	be: King Tr drive
ARTICLE III PURPOSE Madr5on 7193236  The purpose for which the corporation is organized is:	FECRETAL STATES
towin soul to christin	14 Vese
reglious manner	PH TO
ARTICLE IV MANNER OF ELECTION  The manner in which the directors are elected or appointed:	3: 08
isnin Profit Organized	te i
to reach out to the Drug Abusers Vo <u>ARTICLE V INITIAL BIRECTORS/OFFICERS</u> The name(s), address(es) and title(s):	tein by member
-Lee Medler	
1504 martin Luther King Jr driver made	e son 719 32340
ARTICLE VI INITIAL REGISTERED AGENT AND STREET A	DDRESS
The <u>name and Florida street address</u> of the registered agent is:	
Lee A Medler POBEX 1306 Hall Street madis	on 71432340
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Potrcia BARFIELD 5/8W mars	nst Modeson 779 223
Having been named as registered agent to accept service of process for the above state in this certificate, I am familiar with and accept the appointment as registered agent and	
Signature/Registered Agent	7/14/04 Date
Potricia BAGTER	7-14-04
Signature/Incorporator	Date

ARTICLES OF INCORPORATION

## TRANSMITTAL LETTER

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

SUBJECT:	Faith	House	-of Pr	oryer 1	Italiness	Charch
-	(P	ROPOSED COR	RPORATE NAM	Œ <sup>J</sup> MUST I	NCLUDE SUFFIX	)

Enclosed is an original ar	nd one(1) copy of the art	icles of incorporation and a	cneck 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 CO	PY REQUIRED

FROM:	Lee A Medler Name (Printed or typed)
	PBOX 1161 Address
	madison 71932340 City, State & Zip
	(85b) 673-1455  Daytime Telephone number

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