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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694 Fax Number: (305)633-9696

#### FLORIDA NON-PROFIT CORPORATION

life fellowship, inc.

| Certificate of Status |   | 0       |
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#### ARTICLES OF INCORPORATION

**OF** 

LIFE FELLOWSHIP, INC.

The undersigned incorporator(s), for the purpose of forming a Not for Profit Corporation under Chapter 617 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I

The name of the corporation shall be: LIFE FELLOWSHIP, INC.

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#### ARTICLE II

The principal place of business and the mailing address of this corporation shall be: 99 FRANCES CIRCLE, ALTAMONTE SPRINGS, FL 32701.

#### **ARTICLE III**

The specific purpose for which the corporation is organized: CHURCH.

#### **ARTICLE IV**

The manner in which the directors are elected or appointed shall be stated in the bylaws.

## **ARTICLE V**

The name and street address of the initial registered agent shall be:

FRANK K. ANDERSON

3391 JEWFISH DRIVE HERNANDO BEACH, FL 34607

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#### **ARTICLE VI**

The name of the Directors and Officer shall be:

PRESIDENT/DIR

JAMES PRICE

99 FRANCES CIRCLE

ALTAMONTE SPRINGS, FL 32701

SEC/TREAS/DIR

LINDA PRICE

99 FRANCES CIRCLE

ALTAMONTE SPRINGS, FL 32701

#### **ARTICLE VI**

The name and street address of the incorporator of these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 N.W. 7<sup>TH</sup> PLACE MIAMI, FL 33127

The undersigned incorporator has executed these Articles of Incorporation this 4th Day of January , 2004.

Ray Stormont Signing for Empire Corporate Kit of America, Inc.

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## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

LIFE FELLOWSHIP, INC. (Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS 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 I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT

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