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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

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

SUBJECT: Compassionate Care Ministries, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

□ \$70.00 □ \$78.75 □ \$78.75 □ \$78.75 □ \$87.50 Filing Fee & Certificate of Status □ \$78.75 □ \$78.75 □ \$78.75 □ \$87.50 Filing Fee & Filing Fee, & Certified Copy & Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

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

FROM: Rev. Joseph Trementozzi
Name (Printed or typed)

9523 Boca River Circle
Address

Boca Raton, Florida 33434
City, State & Zip

561-703-9857

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)

<u>ARTICLE Ì NAME</u>

The name of the corporation shall be:

The name of this not-for-profit Corporation shall be Compassionate Care Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

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

9523 Boca River Circle Boca Raton, FL 33434

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which this corporation is organized is to give spiritual guidance and fellowship to the disabled population, their families and to families which are experiencing the heartache of rebellious children with the aim of being a help in the recovery of their family unit.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The Directors of this Corporation shall be appointed by a two-thirds (2/3) majority of the existing Directors.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Mrs. Ann Trementozzi, 9523 Boca River Circle, Boca Raton, FL 33434 - President Rev. Joseph Trementozzi, Boca River Circle, Boca Raton, FL 33434 - Vice President Rev. Michael Medley, 293 Wychmere Terrance, Wellington, Florida 33414 - Treasurer Mrs. Diane Medley, 293 Wychmere Terrance, Wellington, Florida 33414 - Secretary

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Mrs. Ann Trementozzi 9523 Boca River Circle Boca Raton, FL 33434

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rev. Joseph Trementozzi 9523 Boca River Circle Boca Raton, FL 33434

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

Signature/Incorporator

U15/05 Date 6/15/05

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