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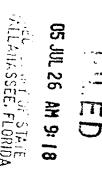
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT: New location for non-profit corporation

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

FEES:

Certificate of Domestication \$50.00
Articles of Incorporation and Certified Copy
Total to domesticate and file \$78.75

OPTIONAL:

Certificate of Status

\$8.75

FROM: Mame (printed or typed)

230 Calusa) Blod

Alestin FL 32541 City, State & Zip

(856) 837-9405

EIN# 59-3781371



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 14, 2005

LYNN MILLER 230 CALUSA BLVD DESTIN, FL 32541

SUBJECT: TREES OF HEALING MINISTRIES, INC.

Ref. Number: W05000033634

We have received your document for TREES OF HEALING MINISTRIES, INC. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Ingram Document Specialist New Filings Section

Letter Number: 605A00046425

NOT FOR PROFIT CERTIFICATE OF DOMESTICATION

FILED

Th	e undersigned,	hymn	Miller	Dires	etar)	05 JUL 26	AM 9: 18
	-		(Name)		(Title)	Saturdan Y	
of	Steen of	Healing (Corporation	Ministrier,	Inc.	a forei	FALLAHASSE gn Corporation,	E. FLORIDA
in :	accordance with s	, , ,	03, Florida Statutes, de	oes hereby certify	" :		
1.	The date on which	ch corporation	was first formed was	1/06/04			
2.	The jurisdiction came into being	11 1	ve named corporation ucab, Kentu	,	incorporate	ed, or otherwise	
3.	A		nmediately prior to the	~ ~ (rtificate of I	Domestication	
4.		/ 1	s set forth in its article	,	n, to be filed	l pursuant to	
	s. 617.01201 and	617.0202 wit	h this certificate is 🔼	Lees of XI	Caling_		
	Ministrio	e, unc	·	<i>U</i>			
5.	The jurisdiction administration of immediately before	that constituted f the corporation ore the filing o	I the scat, siege social on, or any other equive f the Certificate of Do We Jaducak	alent jurisdiction mestigation was	under applie	cable law,	_
6.	Attached are Floto s. 617.1803.	rida articles of	incorporation to com	plete the domestic	J cation requi	rements pursuar	nt
I aı	" Lepa Me	llew, or	roes of Heal	ing Minis	tries,	Inc.	
anc	l am authorized to	sign this Cert	ificate of Domesticati	on on behalf of th	e corporatio	on and have don	ne
	this the 8th day	1 4			,	,	
		der	Miller)			
			(Authorized Sign	nature)			

Filing Fee:

Certificate of Domestication Articles of Incorporation and Certified Copy

\$50.00 \$78.75 \$128.75

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S. (Not for Profit)

LED
The name of the corporation shall be: Leave of Healing Ministries, 505 JUL 26 AM 9: 18
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address shall be: 230 Calusa Blod., Plant FLORID House 32541
ARTICLE III PURPOSE The purpose for which the corporation is organized: non-profit, charitable Organization according to 501 (C)(3) rules
The manner in which the directors are elected or appointed: The directors are appointed. Atted in by laws.
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS The name(s) and address(es) and specific title(s): Lynn Muller, Cleretor Poss Muller, Cleretor Poss Muller, Cleretor
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Ross Meller, 230 Calusa Blod. Vestin, FL 32541
ARTICLE VII INCORPORATOR The name and address of the incorporator is: Lepus Muller) 230 Calusa Blod. Westin, FL 32541

Having been named as registered agent and 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 Date
Signature/Registered Agent
Signature/Incorporator Date
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