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| (Rec | questor's Name) | W\$W |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nan | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | · · · · · · · · · · · · · · · · · · · |
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Office Use Only



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C. 2.5-18

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

FOR PROFIT

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: ALBERT F MANGOX
Name (Printed or typed)

712 SAGE WOOD DR. Address

LAKELAND, FL. 33813

863 - 370 - 3130 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) |
| A DOTTON IN A STANCE |
| The name of the corporation shall be: |
| LA CAVE IDE |
| TRASh TO CASh "FOR CARISTS SALE " |
| ARTICLE II PRINCIPAL OFFICE |
| The principal place of business and mailing address of this corporation shall be: |
| 712 SAGEWOOD DR. LAKELAND, FL. 33813 |
| ARTICLE III PURPOSE |
| The purpose for which the corporation is organized is: |
| The purpose for which the corporation is organized is: A FAITH BASED FUND RAISING ORBANIZATION THE STATE OF |
| That culding Eurole To accomments childrens mo. |
| THAT SUPPLIES FUNDS TO MISSIONARIES, Childrens ORG. ARTICLE IV MANNER OF ELECTION AND DISASTER VICTIMS ET C. |
| ARTICLE IV MANNER OF ELECTION TOUT DISHOTER VICTIMS & |
| PERSONS Who DESIRE TO HELP THOSE IN NEED AND AND CAN BE DIRECTLY OR INDIRECTLY INVOLVED IN THE FUND DAISING DEFORTS |
| PERSONS Who JESIRE TO HELP THOSE THE |
| AND CAN BE DIRECTLY OR INDIRECTLY THOU |
| |
| ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS List name(s), address(es) and specific title(s): |
| V(1) may $r = 1$ and $r = 0$ |
| Christin D Mandalor - Vict Preside |
| Douglas w. MAddox - DIRECTOR |
| DENISE D. MADDOK. DIRECTOR |
| DENISE D. MAGUER DIPE 9 |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is T |
| |
| ALBERT F MADDOX |
| 7/2 SASELVOOD DRIVE |
| ARTICLE VII INCORPORATOR |
| The name and address of the Incorporator is: |
| ALBERT F MADDOX- |
| 712 SAREWOOD DELVEZ |
| *************************************** |
| 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. |
| Ment 7 Marcher 5-10-06 |
| Signature/Registered Agent Date |
| and march |
| Signature/Incorporator Date |