## 600005634

(Requestor's Name)	
(Address)	
(Address)	
(0)-10-1-7	,
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only	
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## **COVER LETTER**

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

		saintified Mi	nisteries		
SUBJECT:	Step by Ste	PA INC.			
SUBJECT: Step by Step ~ Inc.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for:					
\$70.00	\$78.75	<b>X</b> \$78.75	\$87.50		
Filing Fee	Filing Fee &	_ <del></del>	Filing Fee,		
	Certificate of	& Certified Copy	Certified Copy & Certificate		
	Status		& Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM: Arthur Gray Name (Printed or typed)					
Name (Printed or typed)					
P. A. RAY 1334					
P.O. BOX 1334 Address					
1. El 2007. 120					
Ocala Fl. 34478 - 1334 City, State & Zip					
	G 533 425 1224				

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

## ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

SECRETARY OF STATE DIVISION OF THE RATION
06 MAY 22 AM 8: 22

<u>AK I</u>	ICLE 1	NAME
OC1	C . 1	

1:13

The name of the corporation shall be:

Step IMC. saintified ministeries

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 1334 ocala, Fl. 34478-1334

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Be of a service to the community by operating youth programs and counciling

<u>ARTICLE IV MANNER OF ELECTION</u>

The manner in which the directors are elected or appointed:

DIRECTORS are elected at the annual meeting.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

LETHA SMITH - V 1003 JUNE St. KISSIMMEN FL 34742

<u>ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

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

Arthur Giar 649 N.W. 44 St. Ocala, Fl. 34472

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

ARHUA BRAY PO. BOX 1334 OCAIA, FL. 84478-1234

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, La<del>m famil</del>iar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Signature/Incorporator

 $\frac{5/18/06}{\text{Date}}$