No 7000002912

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JEHONS MAR 9 2 7007

TRANSMITTAL LETTER

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

SUBJECT: Transfer State of Georgia Non-Profit Incorporation to the State of Florida

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	\$78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

M: Paul J. Fitzpatrick	
Name (printed or typed)	0
3724 Sandlace Ct.	7 MAR 17 MAR 1ECRE1 LLAH/
· Address	FII R 20 TAR HASS
Port St. Lucie, FL 34952	m< _ 1′
City, State & Zip	ED AM IO: 1 OF STA
772-871-2894): 43 TATE ORIDA
Daytime Telephone Number	

NOT FOR PROFIT CERTIFICATE OF DOMESTICATION

Inelundersigned, PAUL J. FITZPATRICK	
(Name)	(Title)
of PAUL FITZPATRICK MINISTRIES, INC.	a foreign Corporation,
(Corporation Name)	•
n accordance with section 617.1803, Florida Statut	es, does hereby certify:
. The date on which corporation was first formed	was <u>01/19/1995</u>
2. The jurisdiction where the above named corpora	ation was first formed, incorporated, or otherwise
came into being was STATE OF GEORGIA	•
3. The name of the corporation immediately prior	to the filing of this Certificate of Domestication
was PAUL FITZPATRICK MINISTRIES, INC.	
I. The name of the corporation, as set forth in its a	rticles of incorporation, to be filed pursuant to
s. 617.01201 and 617.0202 with this certificate	S PAUL FITZPATRICK MINISTRIES, INC.
immediately before the filing of the Certificate of STATE OF GEORGIA 6. Attached are Florida articles of incorporation to to s. 617.1803.	complete the domestication requirements pursuant
· -	MINISTRIES, INC.
to this the 13TH day of FEBRUARY, 2007	, \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Jan X	AHAS
-(Authorized	111
	AM 10: 43 OF STATE E. FLORID E. FEEE:
	rot oi
Filing	Fee:
Certificate of Domestication	\$50.00 ▷
Articles of Incorporation and	
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

PAUL FITZPATRICK MINISTRIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address shall be:

3724 SANDLACE CT.

PORT ST. LUCIE, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized:

The corporation is organized for religious purposes, including but not limited to teaching and preaching religious principles and doctrine derived from the Holy Bible, and for the transaction of any lawful activity not inconsistent therewith.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The directors shall be chosen at the annual meeting of this organization. The chairperson announces nominations for the directors. Blank ballots are given to the members of the corporation. Each member is requested to write the name of his or her candidate for office on such sheet and deposit it in the receptacle provided. The polls are declared closed. The inspectors of elections count the votes and notify that the count is complete. Results are announced by the chairperson.

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

The name(s) and address(es) and specific title(s):

CEO Information:

CFO Information:

SEC Information:

Paul J. Fitzpatrick

Gwendolyn Fitzpatrick

Lorianne Poling

3724 Sandlace Ct.

3724 Sandlace Ct.

631 SE Norseman Drive

Port St. Lucie, FL 34952

Port St. Lucie, FL 34952

Port St. Lucie, FL 34984

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PAUL J. FITZPATRICK 3724 SANDLACE CT.

PORT ST. LUCIE, FL 34952

SECRETARY OF TALLAHASSEE, F

INCORPORATOR

The name and address of the incorporator is:

GWENDOLYN FITZPATRICK

3724 SANDLACE CT.

ARTICLE VII

PORT ST. LUCIE, FL 34952

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 get in this capacity.

Signature/Registered Agent

Date

Signature/Incorporator

D-4

Date