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SECRETARY OF STATE TALLAHASSEE, FLORIDA

O NO DAY

TRANSMITTAL LETTER

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

SUBJECT: _			MINISTRIES		
	(PROP	OSED CORPORA	TE NAME - MUST IN	CLUDE SUFFIX)	

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

☑ \$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Shild EASON III

Name (Printed or typed)

401 Basewood Lane

Address

Alta monte Springs, Fl. 3270/
City. State & Zip

321-279-741/ 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)	
ARTICLE I NAME The name of the corporation shall be:	FALED
Ship Eason Ministries INC.	2007 MAY - 9 PM 2: 15
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be 401 Basewood Lanc Altamorre Springs, Fl. 32701	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To Facilitate to Seminole, Orange and surrounding County res and develop spritually and socially through by Services etc ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed: The baard of directors will be appointed the bylands of the organization (church	
ARTICLE V INITIAL DIRECTORS/OFFICERS The name(s), address(es) and title(s): 1) Elder Shilo Eason III. & Evangelist Patricia Ear pastor 401 Basewood Ln Altamonte Spr. Fl. 32701	son (Founders)
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADD The name and Florida street address of the registered agent is: Shilo EASON TIL 401 Base wood LN Alta monte Spr. Fl. 32701 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Pation Eason 401 Basewall Cut Spr. To 32701	<u>DRESS</u>
CUT S.PM-Y 12 3270) ************************************	******
Having been named as registered agent to accept service of process for the above stated in this certificate, I am familiar with and accept the appointment as registered agent and	
Shilo EASON TIL Signature/Registered Agent	4-6-07
Signature/Registered Agent	Date

Signature/Incorporator

5. 6. 07 Date