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(Requestor's Name)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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Office Use Only



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08 MAR 28 PH 2: 20
SECRETARY OF STATE
TALL AHASSEF, FLORID.

Migh 8

COVER LETTER

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

SUBJECT:	Messag	e of hope	Worship	center	
·	(PRC	POSED CORPORATE	NAME - MUST INC	CLUDE SUFFIX)	

Enclosed is an original a	nd one(1) copy of the Arti	icles 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: Ernest Li Ewings Name (Printed or typed)
11590 N.W. 10 HD Place
Otala F1. 34482 City, State & Zip Cell
352-854-0840 (352-817-1799) 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)

NAME '

ARTICLE I

FILED

The name of the corporation shall be:	Lich France
Message of Hope worship center, Inc.	08 MAR 28 PM 2: 20
Message of hope worship centry -	SECOND PA 2: 20
ARTICLE II PRINCIPAL OFFICE	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The principal place of business and mailing address of this corporation shall be:	OCL, FLORIDA
11590 N.W. 10th Place Ocala Fl. 34482	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Religious Worship	
,	
ARTICLE IV MANNER OF ELECTION	
The manner in which the directors are elected or appointed:	
By the Pastor (appointed)	
of the confidence	
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS List name(s), address(es) and specific title(s):	
Expost Fulings = President	
D'an Acae dent	
Ernest Ewings - President Priscilla Ewings - Vice President	
Jeremia h Ewings - Secretary Ray Hamilton Treasurer ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS	
RAY HAM I TON - TYEASUYE	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent	is:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent 1590 N.W. 10±h Place	
Ocala F1 34482	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Ernest Ewings	
11590 N.W. 10±491, ocala F1 34482	
**************************************	at the place designated
n this certificate, I am familiar with and accept the appointment as registered agent and agree to act	
Garant Characo 3-2	2-08
Signature/Registered Agent Date	
	2 ~()
TOTAL CANANT	2-08
Signature/Incorporator Date	