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SECRETARY OF STATE
SECRETARY OF STATE

WH

COVER LETTER

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

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	

FROM: Marcus L. Anderson
Name (Printed or typed)

2320 Couna Way South
Address

St. Petersburg FL 33712

City, State & Zip

813-380-9843

Daytime Telephone number

ADDITIONAL COPY REQUIRED

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: Touched By Faith Inc.	OB JUNIL ED
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 2320 Course Way South St. Peters burg, FL 33712	OB JUN 11 PM 3: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE III PURPOSE The purpose for which the corporation is organized is: The purpose of Touched By Faith Inchesing and health care services and disabled. ARTICLE IV MANNER OF ELECTION	
The manner in which the directors are elected or appointed: Directors will be elected or appointed experience and education.	ted based on their
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS List name(s), address(es) and specific title(s): D; rector/Vice President: Marcus Lloyd A President: Velyn Denise Anderson 25	Noderson 2320 Covina Wax South 51 Retersburg/FL 33717 320 Covina Wax South 1. Retersburg, FL 33712
ARTICLE VI INITIAL REGISTERED AGENT AND STRI	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of	- · · · · · · · · · · · · · · · · · · ·
Marcus Auduson 2320 Covina St. Retersburg	, FL 33712
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Marcus Auderson 2320 Cov. D 51, Petersburg	a Way South J. FL 33712
*************	*******
Having been named as registered agent to accept service of process for the ab in this certificate, I am familian with and accept the appointment as registered	l agent and agree to act in this capacity.
MI Cant	6/4/08
Signature/Registered Agent	Date
SII 44	6/6/08 Date 6/6/08
Signature/incorporator	<i>6 </i>
Signatur Strict Politica	Dutt
V	