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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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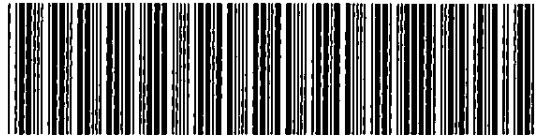
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/17/08--01028--010 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC -8 PM 1:37

APPROVED
AND
FILED

B. McKnight DEC 1 1 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2008

LA SAUNDRA SOLOMON
9015 JEFFERSON AVE
JACKSONVILLE, FL 32208

SUBJECT: SOLOMON'S PORCHES, INC.
Ref. Number: W08000052294

We have received your document for SOLOMON'S PORCHES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date may be added to the Articles of Incorporation **if a 2009 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Regulatory Specialist II
New Filing Section

Letter Number: 808A00057584

COVER LETTER

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

SUBJECT: MIRACLES OF SOLOMON'S PORCHES, 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
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: LA SAUNDRA SOLOMON
Name (Printed or typed)

9015 JEFFERSON AVENUE
Address

JACKSONVILLE, FLORIDA 32208
City, State & Zip

(904) 881-6524
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:

MIRACLES OF SOLOMON'S PORCHES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1820 MONUMENT ROAD
JACKSONVILLE, FLORIDA 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Our mission is to empower GOD'S people with the physical and spiritual assets needed for an enriched life in the community in which they live; by providing shelter, food, clothing, support and rehabilitation in the areas of control substances, mental, physical, and emotional abuse when (and if) needed. One by one, connected together we will be able to enhance and bring change to individual lives, families and communities.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors will be as provided for in the by-laws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

La Saundra Solomon-president
9015 Jefferson Avenue
Jacksonville, Florida 32208

Cathy Gates vice-president
P.O.Box 2636
Spring Valley, California 91979

Donna Mc collors-treasurer
2434 Vernon Street
Jacksonville, Florida 32209

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

La Saundra Solomon
9015 Jefferson Avenue
Jacksonville, Florida 32208

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

La Saundra Solomon
9015 Jefferson Avenue
Jacksonville, Florida 32208

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED

Having been named as registered agent 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 act in this capacity.

La Saundra Solomon
Signature/Registered Agent

12/1/08
Date

La Saundra Solomon
Signature/Incorporator

12/1/08
Date