(Re	equestor's Name)			
(Ad	ldress)			
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(Cil	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to Filing Officer:				
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2009 JUL 20 PH 12: 56

COVER LETTER

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

SUBJECT:	Abba House, Inc.				
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
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			
		ADDITIONAL CO			
FROM:	Lawana Campbell				
	Name (Printed or typed)				
	824 Candlebark Drive				
	Address				
	Jacksonville, FL 32225				
City, State & Zip					
(904) 525-7870 Daytime Telephone number					

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

lawanacampbell@comcast.net



July 8, 2009

LAWANA CAMPBELL 824 CANDLEBARK DRIVE JACKSONVILLE, FL 32225

SUBJECT: ABBA HOUSE, INC. Ref. Number: W09000031430

We have received your document for ABBA HOUSE, INC. and your check(s) totaling \$87.50. 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.

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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 509A00023403

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Abba Father's House, Inc.

ARTICLE II PRINCIPAL OFFICE

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

824 Candlebark Drive

Jacksonville, FL 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to motivate and empower disadvantage persons to be self-reliant, develop to their fullest potential, and become independent resourceful citizens through stabilization services, intervention, and prevention

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directurs are appointed as indicated in the Charter and by laws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

see attached

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lawanna Campbell

824 Candlebark Drive

Jacksonville, FL 32225

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lawanna Campbell

824 Candlebark Drive

Jacksonville, FL 32225

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.

Signature/Registered Agent

Signature/Incorporator

Date

Date

Article V

Article V. List the names and addresses of officers

Lawana Campbell President 824 Candlebark Drive Jacksonville, FL 32225

Cassandra Hollman Vice President 824 Candlebark Drive Jacksonville, FL 32225

Veronica Thomas Secretary 824 Candlebark Drive Jacksonville, FL 32225

Raiph Campbell Treasurer 824 Candlebark Drive Jacksonville, FL 32225

2009 JUL 20 PM IZ: 50