NO 900000 8461

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COVER LETTER

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

SUBJECT:	JOSHUA -	GILGAL W	IMP IKIFP	, IIVC .		
SUBJECT:	(PROPOSED CORPORAT	E NAME – <u>MUST INCLUI</u>	DE SUFFIX)	•		
Enclosed is an original a	nd one (1) copy of the Artic	les of Incorporation and	a check for:			
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy			
	Status	ADDITIONAL CO	& Certificate PY REQUIRED			
FROM:	JACOB MA	ATHEW nted or typed)	-			
	•	• • •				
5637 SIOUX DR:						
Address						
TALLAHASSEE FL-32317						
City, State & Zip						
850 - 491 - 8704 (Cell). 850-876-7617 (Home#)						
Daytime relephone number						
SUNNYSABULO Yahoo Comy						
E-mail address: (to be used for future annual report notification)						

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

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

	.ED
The name of the corporation shall be: 09 AUG 28	TRN-2: 02
. MSAHA - MH DIAL MINEDIDAKO.	LIVI
ARTICLE II PRINCIPAL OFFICE	EE. FLORIDA
The principal street address and mailing address, if different is:	
5637 SIOUX DR JALLAHASSEE, FL-32	231/
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
CHARITABLE AND RELIGIOUS PURPOSE	່. ວ
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-
ARTICLE IV MANNER OF ELECTION	
The manner in which the directors are elected or appointed:	
The method of election of directors as stal	led in
the Bylaws.	
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS	
* * * * * * * * * * * * * * * * * * * *	111 00
List name(s), address(es) and specific title(s): ACOB MATHEW MARIAMMA J. MATHEW	Variable
TIST SINIX DY	India
$\frac{1}{2}$	17 679
Tallahassee FL-32317; Gallahassee / Com	1 cherry
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	Wheeling
Jacob Mathew	11-60098
E127 SININ DH	-
Tallahassee, FL-32317	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Torob Malton	
Jacob Malten 5637 Sloux Dr Kallahassen, FL-3231	7
100 / Maysee 1 2 200 / Maysee 2 200 / Mayse	. * * * * * * *
Having been named as registered agent to accept service of process for the above stated corporation at the place	
in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this cap	•
Loop Mathew 08/28/1	09
Signature/Registered Agent Date	
Sacab Mathew Oglash	90
Signature/Incorporator Date	
Date Date	