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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

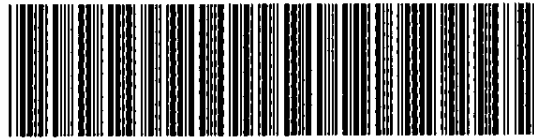
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/27/10--01002--001 **78.75

RECEIVED
10 APR 26 PM 2:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 APR 26 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pm 4/26/10

COVER LETTER

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

SUBJECT: Major Care Ministries 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: Major care Ministries Inc
Name (Printed or typed)

545 E Tennessee St
Address

Tallahassee, Fla 32303
City, State & Zip

850-322-5458
Daytime Telephone number

Coopercs12@yahoo.com
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)

ARTICLE I NAME

The name of the corporation shall be:
Major Care Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
545 E Tennessee St
Tallahassee, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To minister to the community and provide a way of escape for those persons dealing with difficult problems and the challenging of life.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
By overseer of True Light Ministries

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
James A Harris Jr, 545 E Tennessee St Tallahassee, FL 32306, Pastor
Carlisa S Harris 545 E Tennessee St. Tallahassee, FL 32306, Co-Pastor

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

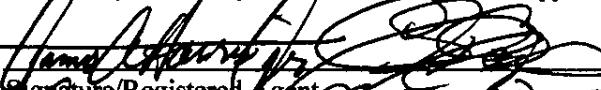
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
CARLISA S. COOPER
5684 DOONESBURY
TALLAHASSEE, FL 32303


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
James A Harris Jr, 545 E Tennessee St., Tallahassee, FL 32306

FILED
10 APR 26 PM 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

04/23/2010

Date
4/23/2010

Date