NIOOMINGS

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	; #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



500187940455

11/22/10--01021--014 **78.75

SEORETARY OF STATE ALLIANASSEE, FLORED

PS 11/24/10

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

\$78.75

Filing Fee & Certificate of & Certified Copy
Status

ADDITIONAL COPY REQUIRED

How Since Of Company C

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

ARTICLES OF INCORPORATION

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

*			
The name of the corpo	Pration shall be: DCOM Revil	ders of 12	esley Chapel Inc.
		00 5 01 00	1 40.1
ARTICLE II P	rincipal office Principal street address 4346 1-fuddlestone Wesley Chapel, FL 3354	Dc	Mailing address, if different is: SAME
ARTICLE III	PURPOSE		
The purpose for whice Community to inner and emplo	h the corporation is organized is: y outreach and deve city families such syment training,	clopment. F as food,	Providing resources Educational support
	IANNER OF ELECTION The manner i		ected and appointed:
As pe	r the company be	y Laws.	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	
Name and Title Address:	: Albert D. McClinton-Dire	Name and Title: Address:	
			
Name and Title Address:	:Lisette McClinton-Direc	Name and Title: Address:	
Name and Title Address:	Sam Walker - Director	Name and Title:Address:	SEGRETA NO F
ARTICLE VI R	EGISTERED AGENT		
	a street address (P.O. Box NOT acceptable)	of the registered agent is:	3 3 3 3 3 3 3 3 3 3
Name: Address:	Albert D. Miclinton 4346 Huddictone Dr. Wesley Chipel, Fil 3354		29 RIDA
ARTICLE VII I	NCORPORATOR		
-	Secondary Chapel, FL 335	 45	
	as registered agent to accept service of pro iar with and accept the appointment as regist		
			10-26-10
	Required Signature of Registered Agent		10-26-10 Date
	n and affirm that the facts stated herein are State constitutes a third degree felony as prov	true. I am aware that any	false information submitted in a document
M	• • •		10-26-10

Required Signature of Incorporator