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Office Use Only

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SECRETARY OF STATE
ALLAHASSEE, FLORING

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COVER LETTER

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

	(PROPOSED CORPORAT	E NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed is an original a	nd one (1) copy of the Artic	eles of Incorporation and a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED
FROM:		V OF REST
		J.441 LOT 244
	okeelloB	ee Florida 34972
	City, S	tate & Zip 597-1824
Daytime Telephone number		

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

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



January 27, 2011

HAVEN OF REST 32801 N. 441 LOT 244 OKEECHOBEE, FL 34972

SUBJECT: HAVEN OF REST Ref. Number: W11000005310

We have received your document for HAVEN OF REST 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 711A00002368

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

The name of the corporation shall be: HAVEN OF REST INC.
ARTICLE II PRINCIPAL OFFICE Principal street address 3280 N. 441 LOT244 OKOCHOBER FL 34972 TO TO TO THE PRINCIPAL OFFICE Principal street address Mailing address, if Miscrent is: OKOCHOBER FL 34972
The purpose for which the corporation is organized is: FOR WORSHIP + CHECKEH SERVICES
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: NOMINATED + PROINTED BY THE BOARD
Name and Title: TOM VELLE Name and Title: TAMMY CIBSON Address: PROSIDENT FRASTOR Address: TRANSPER 32801 North LOTZHY OKEECHOBEE FL 34972 OKECHOBEE FL 34972
Name and Title: CACHOL VCIE Name and Title: PAM HATFIELD Address: VICE PICE SIDE AT Address: GECRETHY 32801 NO. 441 LOTZ44 OKOCHO BEE FL 34972 OKOCHO BEE FL 34972
Name and Title: JOSHUA VELLE Name and Title: GABICIELL VELLE Address: ASST, TREASKER Address: ASST, SCCRETHRY 32801 N.441 LOTZ44 OKORCHOBOR FL 34972 OKORCHOBOR FL 34972
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: OKECTOREO FL 34972
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: 32801 N.441 Lot 244 OKARCHO BER FL 34972
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
Required Signature of Registered Agent Date
I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature of Incorporator Required Signature of Incorporator