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DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

RECEIVED

TIFE 28 PH SE OL

M

COVER LETTER

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

SUBJECT: Her	aven Sent	Foundation ATENAME-MUSTINGLE	Inc.	
Enclosed is an original	and one (1) copy of the A			
\$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 C	ADDITIONAL COPY REQUIRED	
	00	~ `		

M: Name (Printed or typed)

910 Tucker St.
Address

Tavahasse 7 33310
City, State & Zip

850-244-0705
Daytime Telephone number

Theheavensent foundation a yahoo. com E-mail address: (to be used for future annual report notification)

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

TEIN# 27-5128209

ARTICLES OF INCORPORATION

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

ARTICLE I	NAME		FILED
The name of the c	corporation shall be: Heaven Sent	Founda	tion Inc
ARTICLE II	PRINCIPAL OFFICE		11 FEB 28 PH 36 04
	Principal <u>street</u> address		Mailing address, if different is:
	910 Tucker ST TAMAHAMES A 32310		ALLA MADOFFEE DAMA 63
		·	
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
Man D	A The second sec	e 4	arrents. Plans
Was In - A	WEFIT , + ministries) 2 10x 465	2/ 100000
ي) درو	333 & MURA		
	MANNER OF ELECTION The manner in	which the directors	s are elected and appointed:
Red roc	where only.		
ARTICLE V	INITIAL OFFICER'S AND/OR DIRECTO	DRS	
Name and T	ide: Mary L. Brinson, own 910 Tuker St Tallaha size, 72 32310	Name and Title	Frank R. Bonson Own
Address:	Tallaha sire 7 32310	_ Address:	Touche see 32 32310
		_	TOTAL SECTION OF THE
Nome and 1	Side.	Name and Triate	
· Address:	itle:		i
			ŧ»
		 -	
Name and T	itle:	Name and Title	
Address:			·

		·-	
RTICLE VI	REGISTERED AGENT		
he <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable) of		nt is:
Name:	MARY Lucrence Bri	2090 J	
Address:	Tallahassee, 72 32310	~	
	10110-43366, 76 32010	-	
RTICLE VII	INCORPORATOR dress of the Incorporator is:		
Name:	Mary Luerenes Brins	. ~~	
Address:	910 Tucker ST	_	
	TAILAHASSEL 72 3231	0	
aving been nan	ned as registered agent to accept service of proce	ess for the above s	stated corporation at the place designated in thi
rtificate, I am fa	miliar with and accept the appointment as register	ed agent and agree	e to act in this capacity
1/1	2.		- / /
1//4	Required Signature of Registered Agent		2/28/2011
'/0	Required Signature of Registered Agent		Date
subshit this docu	ment and affirm that the facts stated herein are tr	rue. I am aware th	at any false information submitted in a documen
	of State constitutes a third degree felony as provid		
$\mathcal{M}_{\mathcal{A}}$	B-		2/-/-/
V/m	Required Signature of Incorporator		4/28/20/
' / Y	Required Signature of Incorporator		/ Date * *