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SECRETARY OF SIA

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COVER LETTER

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

UBJECT: Prolite	e Ministries (2017) (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
closed is an original	and one (1) copy of the Art	icles of Incorporation an	d 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 C	OPY REQUIRED	
FROM:	James Sanko	rinted or typed)	_	
	33141 Irongate		– 5 20	
Leesburg, FL 34788 City, State & Zip			2011 MAR 22 SECRETARY FALLAHASSE	į
	33141 Iro logaticus .T	_	MAR 22 PH 3:50 CRETARY OF STATE LAHASSEE, FLORIDA	•
	prolifeministries E-mail address: (to be used for		-	

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 The name of the cor	NAME Prolife Ministries Corporation shall be:	copporation	ר	
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address		Mailing address, if different is:	
	33141 Irongate Dr.		P.O. Box 518	
	Leesburg, FL 34788		Tavares, FL 32778	
			•	
	PURPOSE			
• •	hich the corporation is organized is:			
To promote pi	ro-life and inform the public of the	importance of c	onceived life before dirth.	
ARTICLE IV			rs are elected and appointed:	
	Appointed by OFFICER INITIAL OFFICERS AND/OR DIRECT	25		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	CTORS	. James Canka Transurat	
	tle: Patrick Williams, President 8357 McNie Ave.		e:James Sanko, Treasurer 33141 Irongate Dr.	· · · · · · · · · · · · · · · · · · ·
Address:	Sacramento, CA 95828	Address.	Leesburg, FL 34788	
	Sacramento, OA 33020	_	Locabarg, 1 L OTT 00	
Name and Ti	tle:	Name and Title	e:	
Address:		Address:		
				
	tle:	Name and Title		
Address:	<u> </u>			
ARTICLE VI	REGISTERED AGENT			
The <u>name and Flo</u>	rida street address (P.O. Box NOT acceptabl	e) of the registered age	ent is:	
Name:	James Sanko		-1 2	
Address:	33141 Irongate Dr.		SEC:	
	Leesburg, FL 34788			me f
		 	AR AR	ERIOT SPECIA
ARTICLE VII	INCORPORATOR		AR ASS	ill expenses
The <u>name and add</u>	ress of the Incorporator is:		mc m	Company of the Control of the Contro
Name:	Patrick Williams		다 마	*****
Address:	8357 McNie Ave.	<u>-</u>	<u> </u>	
	Sacramento, CA 95828		25 S	
			tr -	
	ed as registered agent to accept service of p niliar with_and accept the appointment as reg			ed in this
cernyicate, ramjun	minu wing and accept the appointment as reg	ыстен идет ити идт	ce to act in this capacity	
Com	Some		03/01/2011	_
	Required Signature of Registered Age	nt	Date	
r I submit this docun	nent and affirm that the facts stated herein a	re true. I am aware ti	hat any false information submitted in a c	document
	of State constitutes a third degree felony as pr			
P+ 1.	BWilliams		00/04/0044	
1 alreade	Required Signature of Incorpora	ator	03/01/2011 Date	-
	Required Signature of incorpora	สเบเ	Date	