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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
		:		
WH-3	2235			



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SECREDARY OF STATE



Office Use Only

COVER LETTER

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

SUBJECT: TO HIM 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 C	OPY REQUIRED	
FROM		John Son rinted or typed)	_	·
	5565W.	Ello Brons	on Huy Sni	te135
	Kissimue City,	1 FL 347		
	407 508 Daytime T	3 9541 elephone number	_	
(Covering the nod E-mail address to be used for		il, com	

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



June 14, 2011

DENICE JOHNSON 5565 W IRLO BENSON HWY SUITE 135 KISSIMMEE, FL 34746

SUBJECT: IN HIM MINISTRIES INC Ref. Number: W11000032235

We have received your document for IN HIM MINISTRIES INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 111A00014481

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

ARTICLE I The name of the c	NAME orporation shall be: IN HIM M	TNITSTPIS	SALVICE	IMMET	TUC
ARTICLE II	PRINCIPAL OFFICE Principal street address		Mailing address, in SS MMC	f different is:	4742
ARTICLE III	PURPOSE 347	46			
The purpose for v	PURPOSE which the corporation is organized is: And CLON MANNER OF ELECTION The manner Elected Acc INITIAL OFFICERS AND/OR DIRECT	rainprid women ersoner	empous as lead	ers, be	LN LSiNRSS
ARTICLE IV	MANNER OF ELECTION The manner	in which the directors are	elected and appointed:	DiPonto	Ni i a .
77	Elected acc	ording to ea	ucation,	Parni	MA WIL
ARTICLE V Name and T Address:	INITIAL OFFICERS AND/OR DIRECT	TORS () Name and Title: Address:			<u></u>
Name and T Address:	Fitle:				
Name and T Address:	Fitle:	Name and Title:Address:			
Name: 💪	REGISTERED AGENT orida street address (P.O. Dex NO) acceptable		·	SECRETARY ALLAHASSE	
Address: ARTICLE VII	5565 WORLD BED Switz 135 Klasimmer, FL 347 INCORPORATOR	1750n Huy		FLONE STA	
	Denice Johnson 5565 W. Jaho Bro Suite 135	nson Hury		,,	v:
	ned as registered agent to accept service of pramiliar with and accept the appointment as regis Required Signature of Registered Agen	ocess for the above state stered agent and agree to		lace designated	l in this
	ment and affirm that the facts stated herein are to State constitutes a third degree felony as pro Rechired Signature of Incorporat	wided for in s.817.155, F.		bmitted in a do	ocument