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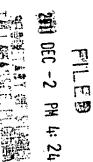
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
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Special Instructions to	Filing Officer:			





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T. Burch DEC 5 2011

COVER LETTER

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

SUBJECT: Matters Of the Heart Ministries, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original	and one (1) copy of the Artic	les of Incorporation and	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
		L	
FROM: Ethel R. Lee Name (Printed or typed)			
15178 High Hill Circle			
Tallahassee, Fl. 32312			
850-668-4815 Daytime Telephone number			
matters of the heart ministries @ gmail. (cm E-mail address: (to be used for future annual report notification)			

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 corporation shall be: Matters of The	Heart Ministries, Inc.		
ARTICLE II PRINCIPAL OFFICE Principal street address 15178 High Hill Circle Tollohassee, F1.32312	Mailing address, if different is:		
	de and distribute the gospel, words of for personal growth; through and out reach.		
Name and Title: Ethel R. Let / President	hich the directors are elected and appointed: appointed and lossed upon ones involvement with minist and charter. Name and Title: Semon W. Lee IT reasure Address: 15178 High Hill Circle Tallahassee, Fl. 32312		
Name and Title: Nancy Evelyn Homes Transa Fi. 33610	Name and Title: Sharri Ellis / Trustee Address: 5803 Bitter orange Ave. Tampa FI: 33605		
Name and Title: Kevin W. Lee Trustee Address: 4004 S.E. Lincoln Portland, Dr. 97214	Name and Title: Address:		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the Name: Ethel R. Lee Address: 15178 High Hill Circle Tallahassee, Ft. 32312			
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Ethel R. Lee Address: 15178 High Hill Circle Tallahassre, F132312	PH 4: 24		
Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as registered	agent and agree to act in this capacity		
Ethel R. Lup	11-29-11 Date		
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.			
Whele R. Leg Required Signature of Incorporator	11-29-11 Date		
/ Required Signature of Incorporator	Date		