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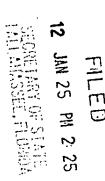
(Req	uestor's Name)		
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COVER LETTER

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

_{suвјест:} Awak	ening Spirit Churc	ch, Inc.	
	(PROPOSED CORPORATI	E NAME – <u>MUST INCLI</u>	
Enclosed is an original \$70.00 Filing Fee	and one (1) copy of the Artic \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate OPY REQUIRED
FROM:	Olivia Christel Name (Prin	nted or typed)	_
	6642 Crossbow L	ane	_
	New Port Richey,	FL 34653	-
	727-808-0500 6642 Crollandin Les Rel	ephone number	_
	awakeningspirit	@ymail.com	

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

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

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2012

OLIVIA CHRISTEL 6642 CROSSBOW LANE NEW PORT RICHEY, FL 34653

SUBJECT: AWAKENING SPIRIT CHURCH, INC.

Ref. Number: W12000003192

We have received your document for AWAKENING SPIRIT CHURCH, 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 document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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: 512A00001271

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

The name of the c	Awakening Spirit C orporation shall be:	nuron, mo.	FALED
ARTICLE II	PRINCIPAL OFFICE		'
	Principal street address		12 JAMarding addres2:if20fferent is:
	6642 Crossbow Lane		
	New Port Richey, FL 34653		SQUADIARY OF STATE IMILAHASYEE BUGSDA
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
	ninational, Christian-based church,	ministering to th	he spiritual needs of people in the
Pasco and H	emando County communities, this	corneration is fo	ormed for the purpose of conducting
	ly and other special services, and		
_	•	Ū	
RTICLE IV	MANNER OF ELECTION The manner		
	f Trustees shall be elected annually		f the congregation.
RTICLE V	INITIAL OFFICERS AND/OR DIREC		
Name and I Address:	itle: Olivia Christel, President 6642 Crossbow Lane	Name and Title Address:	le: Olivia Christel, Secretary 6642 Crossbow Lane
Addiess.	New Port Richey, FL 34653	Address:	New Port Richey, FL 34653
			HEW FORTINGREY, FE 3-003
Name and T	itle:Olivia Christel Treasurer	Name and Titl	le:
Address:	6642 Crossbow Lane	Address:	
	New Port Richey, FL 34653		
Name and T	itle:	Name and Title	e:
Address:		A J.J	
RTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable	e) of the registered age	ent is:
Name:	Olivia CHRISTEL	···	
Address:	NEW PORT RICKED F		
	3463		
RTICLE VII	INCORPORATOR Iress of the Incorporator is:		
Name:	Olivia Christel		
Address:	6642 Crossbow Lane	 -	
	New Port Richey, FL 34653		
			
		name for the chair	stated corporation at the place designated in t
wing been nam	ed as registered agent to accept service of p	rocess for the above	
rtificate, I am fa	miliar with and accept the appointment as regi	istered agent and agre	ee to act in this capacity
rtificate, I am fa	miliar with and accept the appointment as regi	istered agent and agre	4
rtificate, I am fa	miliar with and accept the appointment as regi	istered agent and agre	4
ráficate, I am fa	miliar with and accept the appointment as region of Required Signature of Registered Agen	istered agent and agre	/-/3-20/7- Date
ubmit this docu	Required Signature of Registered Ager	istered agent and agreement	<u>/-/3-20/7-</u> Date hat any false information submitted in a docume
ubmit this document the Department	Required Signature of Registered Ages ment and affirm that the facts stated herein as of State constitutes a third degree felony as pro	istered agent and agreement	<u>/-/3-20/7-</u> Date hat any false information submitted in a docume
ubmit this document the Department	Required Signature of Registered Ager	istered agent and agreement	<u>/-/3-20/7-</u> Date hat any false information submitted in a docume