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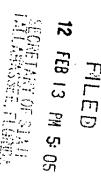
(Requestor's Name)				
(Address)				
(A.I.)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Duning one Entitle Manne)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

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

SUBJECT: Buds	SUBJECT: Buds of Promise #4 Order OES,Inc.				
Porton d'annu a 'a' an l	(PROPOSED CORPORAT)				
\$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 CO	OPY REQUIRED		
25 C X 1	1 + 174				
FROM: Dorothy Griswell Name (Printed or typed)					
4441 Cepeda Street					
Orlando Florida, 32811 City, State & Zip					
407-843-4039 4441 Ceplesisme elephone number					
cgriswell@cfl.rr.com					

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

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

ARTICLES OF INCORPORATION

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

ARTICLE I	NAME Buds of Promise #4 C	DES Inc			
The name of the o	corporation shall be:)LO,1110.	•		
ARTICLE II	PRINCIPAL OFFICE		En.		
	Principal street address		Mailing address, indifferen is:		
	4441 Cepeda Street		12 FFR 10		
	Orlando, Florida , 32811		12 FEB 13 PM 5: 05		
			TATUSTARY on a		
ARTICLE III	PURPOSE		AMASSA MARIA		
The purpose for	which the corporation is organized is:		SECRETARY OF STATE		
Working with	youth in the community, socially and	educational also			
ARTICLE IV	MANNER OF ELECTION The manner in	which the directors a	re elected and appointed:		
By nomination	on, and balloting vote, Appointments		•••		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	•	p. 65.15.11		
	Title: Dororthy Griswell- TREASURER				
Address:	4441 Cepeda Street	Address:			
	Orlando, Florida, 32811	_			
	Fitle: Bernice Cook- Financial Secretary				
Address:	3356 Mahalia Place Orlando, Florida, 32805	Address:			
	Oriando, Fionda, 32805				
Name and 1	l'itle: Joyce Holmes-President	Name and Title	•		
Address:	4567 Weldon Street				
11001033.	Orlando, Florida 32811				
					
ARTICLE VI	REGISTERED AGENT				
	orida street address (P.O. Box NOT acceptable) o	of the registered agent	is:		
Name:	Dorothy Griswell				
Address:	4441 Capeda Street				
	Orlando, Florida 32811				
ARTICLE VII	INCORPORATOR				
	Idress of the Incorporator is:				
Name: Address:	<u>Dorothy Griswell</u> 4441 Cepeda Street	-			
Audress.	Orlando Florida 32811				
	ALIZATE INTO A SECTION OF SECTION				
Umina base nas	ned as registered agent to accept service of proc	vec for the above cto	rted comparation at the place declarated in this		
	amiliar with and accept the appointment as registe				
^	4 4 4 10		h M 2 11		
Nevat	Ty Briswell Required Signature of Registered Agent		2-7-2012		
	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.					
\mathcal{L}	4 U. t. 10		1 7 2010		
Were	Required Signature of Incorporator		<u>2-7-2012</u>		
	Required Signature of Incorporator	•	Date		