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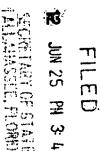
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COVER LETTER

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

\$70.00

Filing Fee

SUBJECT: DASIS OF LOVE AND HOPE MINISTRIES JNG
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy & Certificate

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$78.75

Status

Filing Fee &

Certificate of

	ADDITIONAL COPY REQUIRED
FROM:	DR. DENNIS G. FREEMAN Name (Printed or typed)
	601 S. CROOKED TREE PATH Address
	HOMO SASSA FL. 34448 City, State & Zip
	352 - 794 - 6558 Daytime Telephone number
E	DGFMAN 45 @ SAHOO. Com- -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)

SECRETARY OF STATE The purpose for which the corporation is organized is: # SEE AHACHMENT A ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: SEE AHACHMENT A ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: PRESIDENT / IASTOR Name and Title: Address: DR. DENNIS G. REGEMAN Address: DR. DENNIS G. REGEMAN Address: LOS S. LECOMED TREE PATH HOPENSASSA, FLORIDA 344446 Name and Title: PRESIDENT Name and Title: Address: PRESIDENT Name and Title: PRESIDENT Name and Title: PRESIDENT Name and Title: PRESIDENT NAME Address: LOS S. LECOMED TREE PATH HOPENSASSA, FLORIDA 344446 Name and Title: PRESIDENT NAME ADDRESS AND ADDRESS ASSA, FLORIDA 344446 Name and Title: PRESIDENT NAME ADDRESS ASSA, FLORIDA 344446 Name and Title: PRESIDENT NAME ADDRESS ASSA, FLORIDA 344446 NAME ADDRESS ASSA, FLORIDA 344446 NAME ADDRESS ASSA, FLORIDA 33813 ARTICLE VI REGISTERED AGENT The name and Portida street address (P.O. BOX NOT acceptable) of the registered agent is: DL. DENNIS G. REGEMAN Address: LOI S. LEONED TREE BATH HOPOSASSA, FL. 34448 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: DR. DENNIS G. REGEMAN Address: LOI S. CRECKED TREE BATH HOPOSASSA, FL. 34448 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I fan familiar with and accept the physiotament as registered agent and agree to act in this capacity PRESIDENT ADDRESS ASSA, PLUS 34448 Address: Log I S. CRECKED TREE BATH HOPOSASSA, FL. 34448 Address: Log I S. CRECKED TREE CAPACITY ADDRESS ASSA CONTRACTION AND ADDRESS ASSA CONTRACTION ADDRESS	ARTICLE I	NAME		_ **
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The purpose for which the corporation is organized is: ### SEE AHACHMENT A ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: **SEE AHACHMENT A ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS** Name and Title: **PRESIDENT / PASTOR** **Address:** DR. DENNIS S. PRESEMAN Address: **DR. DENNIS S. PRESEMAN Address:** **LOIS. CROCKED TREE PATH HOMOSASSA, FLORIDA SYYYA** Name and Title: **DRESIDENT Address:** DRS. MARILLYN FREEMAN Address:** **LOIS. CROCKED TREE PATH HOMOSASSA, FLORIDA SYYYA** Name and Title: **DIRECTOR** Name and Title: **DIRECTOR** Name and Title: **DIRECTOR** Name and Title: **DIRECTOR** Address: DR, TONNY FRANCS AND ADDRESSAS, FLORIDA SYYYA** Name and Title: **DIRECTOR** Address: DR, TONNY FRANCS AND ADDRESSAS, FLORIDA SYYYA** Name and Title: **DIRECTOR** Address: DR, TONNY FRANCS AND ADDRESSAS, FLORIDA SYYYA** Name and Title: **DIRECTOR** Address: DR, TONNY FRANCS AND ADDRESSAS, FLORIDA SYYYA** Name: DL, DENNIS S. FREEMAN ADDRESSAS, FLORIDA SYYYA** Address: LOIS. CROCKED TREE BATH HOMOSASSA FL. 34448* **ARTICLE VII INCORPORATOR** The name and address of the Incorporator is: Name: DR. DENNIS S. FREEMAN Address: LogI. S. CROCKED TREE BATH HOMOSASSA FL. 34448* **ARTICLE VII INCORPORATOR** The name and address of the Incorporator is: Name: DR. DENNIS S. FREEMAN Address: LogI. S. CROCKED TREE BATH HOMOSASSA FL. 34448* **ARTICLE VII INCORPORATOR** The name and address of the Incorporator is: Name: DR. DENNIS S. FREEMAN Address: LogI. S. CROCKED TREE BATH HOMOSASSA FL. 34448* **ARTICLE VII INCORPORATOR** The name and address of the Incorporator is: Name: DR. DENNIS S. S. PRESEMAN Address: LogI. S. CROCKED TREE BATH HOMOSASSA FL. 34448* **ARTICLE VII INCORPORATOR** The name and address of the Incorporator is: Name: DR. DENNIS S. S. PRESEMAN ADDRESS FOR TREE BATH HOMOSASSA FL. 34448* **ARTICLE VII INCORPORATOR** The name and address of the Incorporator is: Name: LogI. S. CROCKED TREE BATH HOMOSASSA FL. 34448* **ARTICLE VII INCOR			-	JUN 25 PM 3: 4.7
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The purpose for which the corporation is organized is: *** *** *** ** ** ** ** ** *		, , , ,		SECRETARY OF STATE
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: SEX ATTACHMENT A ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: PRESIDENT/PASTOR Name and Title: Address: DR. DEADLYS G. FREGMAN Address:	ARTICLE III	PURPOSE		TALLAHASSEE ELORINA
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: SER ATTACH MEAST A ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: PRESIDENT MASTO PROMISE FREEMAN Address: OR. REMINIS & FREEMAN Address: OS. LENOXED THE PATH HOMOSASSA, LLORIDA SYMYH Name and Title: VILE PRESIDENT Name and Title: Address: PAS. MARILYN FREEMAN Address: bol. S. CROCKED THE MAY ADDRESS: Address: DR. TOMMY FRANKS ADDRESS MASS PRESIDENCE TO ADDRESS MASS PRESIDENCE TO ADDRESS MASS PRESIDENCE TO ADDRESS MASS PRESIDENCE AND ADDRESS OF THE ADDRESS OF	The purpose for v	which the corporation is organized is:		1 44 72 101 24 2 4 4
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: SEX ATTACH MEAST A ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: PRESIDENT / ASTO P. Address: DR. DEMINIS OF FREEMAN Address: 601 S. LEONED TEE PATH HOMOSASSA, LLORIDA 34444 Name and Title: PRESIDENT Address: MRS. MARLLYN FREEMAN Address: boll S. CROCKED TREE PATH HOMOSASSA, FLORIDA 34444 Name and Title: DIRECTOR Name and Title: DIRECTOR Name and Title: DIRECTOR Address: DR. TOMMY FRANKS Address: MRS. LINDA LAWRENCE LORS SUMPARES AND LORIDA 33813 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Name: DR. DENNIS & FREEMAN Address: LOI S. CROCKED TREE PATH HOMOSASSA, FL. 34444 Address: Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the oppointment as registered agent and agree to act in this capacity LINCAL OF REGISTERED Agent 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 designature or Registered Agent 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 design accept service of process for the save that any false information submitted in a document to the Department of State constitutes a third design accept service of process for the save that any false information submitted in a document to the Department of State constitutes a third design accept service of process for the save that any false information submitted in a document to the Department of State constitutes a third design accept service of process for the save that any false information submitted in a document to the Department of State constitutes as the save		Ve con	1//2011	_A •
SEE AMACHMENT A ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: PRESIDENT/PASTOR Address: D. DEMNIS G. FREEMAN Address: 60 S. LEWED FREE PATH HOMOSASSA FLOUIDA 34444 Name and Title: VICE PRESIDENT Address: MRS. MARLYN FREEMAN Address: 621 S. LEWCKED FREE PATH HOMOSASSA FLORIDA 34444 Name and Title: DRELTOR Name and Title: DRELTOR Address: DR, TOMMY FRANES 1022 SURPETREE AND Address: MRS. LINDA LAWLENCE 1022 SURPETREE AND THE TOWN DILEGATE CT. LAKGLAND FLORIDA 33813 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: DL, DENNIS G. FREEMAN Address: LOI S. CROCKED FREE BATH HOMOSASSA, FL. 34448 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: DR. DENNIS G. FREEMAN Address: LOI S. CROCKED FREE BATH HOMOSASSA, FL. 34448 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I an familiar with and accept the phybolintment as registered agent and agree to act in this capacity Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a documen to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		A SEE A	MACHME	N7 71
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Name and Title: PRESIDENT / PASTOR Address: DR. DENNIS & FREEMAN 601 S. CROCKED TREE PATH HOMOSASSA, FLORIDA 34448 Name and Title: VICE PRESIDENT Address: PRS. MARILYN FREEMAN 601 S. CROCKED TREE PATH Homosassa, Florida 34448 Name and Title: DRECTOR Name and Title: DRECTOR Address: PRESIDENT Name and Title: DRECTOR Name and Title: DRECTOR Address: PRESIDENT Name and Title: DRECTOR Name and Title: DRECTOR Address: PRESIDENT Name and Title: DRECTOR Name an		SEE A-	MACHMEN	or A
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Name and Title: VICE PRESIDENT Address: MRS. MARILYN FREEMAN Address: BOL S. CLOCKED REE ATH HOMOSASSA, FLORIDA 34448 Name and Title: DIRECTOR Name and Title: DIRECTOR Address: DR. TOMMY FRANKS Address: MRS. LINDA LAWRENCE LAKELAND, FLORIDA 33813 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: DR. DENNIS E. FREEMAN Address: LOI S. CROCKED TREE ATH HOMOSASSA, FL. 34448 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: DR. DENNIS G. FREEMAN Address: LOI S. CROCKED TREE ATH HOMOSASSA, FL. 34448 Having been named as registered agent to accept the appointment as registered agent and agree to act in this capacity Alman Required Signature of Registered Agent 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.	11000	601 S. CROOKED TREE PATH		
Address: MRS. MARILYN FREEMAN BOI S. CLOOKED REE ATH HOW 05 AS LA, FLORIDA 34448 Name and Title: DIRECTOR Address: DR. TOMMY FRANKS Address: DR. TOMMY FRANKS Address: MRS. LINDA LAWRENCE LAKGLAND FLORIDA 33813 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: DR. DENNIS G. FREEMAN Address: LOI S. CLOOKED TREE ATH HOMOSASSA FL. 34448 Address: LOI S. CLOOKED TREE ATH HOMOSASSA FL. 34449 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the phylointment as registered agent and agree to act in this capacity Having been named as registered agent to accept the phylointment as registered agent and agree to act in this capacity Louis Louis Louis Loui				
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Name and Title: DIRELTOR Address: DR. TOWMY FRANKS LAKELAND, FLORIDA 338/3 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: DL. DENNIS G. FREEMAN Address: LOI S. CROKED TREE PATH HOMOSASSA, FL. 3444P ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: DR. DENNIS G. FREEMAN Address: LOI S. CROKED TREE PATH HOMOSASSA, FL. 3444P Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a documen to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Address:	MRS. MARILYN FREEMAN	Address:	
Name and Title: DIRECTOR Address: DR. TOMMY FRANKS 102Z SUARTEEE LANG 1724 MIDDLEGATE CT. LAKGLAND FLORIDA 33813 MRS LINDA LAWRENCE 1724 MIDDLEGATE CT. MADENA MD. 21122 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: DL. DENNIS G. FREEMAN Address: LOI S. CROOKED TREE MIH HOMOSASSA FL. 34448 Address: DR. DENNIS G. FREEMAN Address: LOI S. CROOKED TREE MIH HOMOSASSA FL. 34448 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Lune Ob/22 / 2012 Required Signature of Registered Agent 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.		HOW DEACE A ELDOUDA BUYLLO		
Address: DR. TOMMY FRANKS 1022 SUMARTEEE LANG 1724 MIDDLEGATE CT. LAKGLAND, FLORIDA 33813 FASADENA, M.D. 21122 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: DR. DENNIS G. FREEMAN HOMOSASSA, FL. 34448 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: DR. DENNIS G. FREEMAN Address: GOI. S. CROCKED TREE FATH HOMOSASSA, FL. 34448 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I an familiar with and accept the appointment as registered agent and agree to act in this capacity All		TIOPIUSANIA PEURIUA DATTA		
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Name: Address: DR. DENNIS (T. FREEMAN)				
Address: GOI . S. CROOKED TREE PATH HOMO.SASSA, FL. 34448			1	
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity				
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	Address.	HOMO CACCA EL 3444	•	
Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity		170Bh1577 F = 377 F B	•	
Required Signature of Registered Agent 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.			-	
Required Signature of Registered Agent 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. Ob/32/2012				
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	Men	m & Nelman	-	06/22/2012
Required Signature of Incorporator Date		Required Signature of Incorporator		Date

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this church is to glorify God, bring salvation and Spiritual blessings to all the people, and to carry on evangelistic work to all people; to foster foreign and home missionary work; to propagate the Full Gospel of Christ by the printed page, radio, television, and all other means available.

We are pledged to maintain an emphasis upon Scriptual, Christ-centered, and Spirit-filled teaching and practicing ministry, endeavoring to keep the unity of the Spirit in the bond of peace. Until we all come into the unity of the faith, and the knowledge of the Son of God, unto a perfect man, unto the measure of the stature of the fullness of Christ.

This non-profit church has been organized exclusively for religious purposes, and no part of it's income shall be inured to the personal gain of any individual except that the Church shall be authorized to pay reasonable compensation for actual services rendered.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: The management and administration of this Church shall be vested in the Board of Directors consisting of not less than three nor more than nine in number, a major of whom shall not be related.

As this Church grows and the administrative duties thereof, other officers may be added to the Board of Directors from time to time. There time of office is one year, and they may succeed themselves indefinitely.

Upon irregular vacancy of the office of a Director, the President/ Pastor shall appoint someone from the membership of the Church to serve the remainder of the term of office that became vacant

Upon the regular vacancy of the office of a Director, the Board of Directors shall nominate from among themselves or the active membership a candidate for directorship, and after ratification by the active membership, they shall be considered installed.