## N12000008355

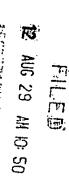
(Requestor's Name)					
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## **COVER LETTER**

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

SUBJECT: ROCK OF AGES LUTHERAN CHURCH, 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	`	UTHERAN CHURCH Printed or typed)  STREET P.O.	•
		Address	20/11/11
	WKDWOOD, F. City.	State & Zip	
	マケップマスハー	N/// 2	

rockof ages of leven@mac.com
E-mail address: (No be used for future annual report notification)

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



August 10, 2012

ROCK OF AGES LUTHERAN CHURCH, INC. P.O. BOX 1149 WILDWOOD, FL 34785

SUBJECT: ROCK OF AGES LUTHERAN CHURCH, INC.

Ref. Number: W12000041886

We have received your document for ROCK OF AGES LUTHERAN CHURCH, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 112A00020771

## **ARTICLES OF INCORPORATION**

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

The name of the co	proporation shall be: Rock of Ages Li	otherun Chu	RCh, INC.	FALED
ARTICLE II	PRINCIPAL OFFICE		12	AUG 29 AH 10: 50
	Principal street address AOI BARWICK Street		Mailing as	ddress, if different is:
	Wildwood, Florida.		Wildwood,	Tarid R. F. (251) A
	34785			34785
ARTICLE III	<u>PURPOSE</u>		•	••
	hich the corporation is organized is:		L	
Christian	Ministry and Service to	the Communi	7/	
	,			
ARTICLE IV	MANNER OF ELECTION The manner	in which the director	rs are elected and app	ointed:
	By Congregation Officers			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>I'ORS</u>	•	
Address:	ile: Kenneth E Klawitter-Registe 16702 SE 80TH	Address:	e	
	Bella Vista Circle	<u> </u>		
	The Villages, Florida 32162			
Name and Ti	ile: Dolores A Foley - Director	Name and Titl	e:	
Address:	20 Magnolia Lane Wildwood, Florida 34785	Address:		
	W114 WOOD , F10 FIRE 34183	<del></del>		
M 4 m	u Zahand Uana - D	<del></del>		
Name and 11 Address:	11e: Zachariah Harris III - Direc	.lor Name and 11th	e:	
	Crystal River Florida			
		<del></del>	<del></del>	·
ARTICLE VI	REGISTERED AGENT			
	rida street address (P.O. Box NOT acceptable	) of the registered age	ent is: .	
Name: Address:	Kenneth E. Klawitter 16702 SE 80th BELLA Vista	* Birole		
	The VILLAGES, Fl 32162	<del></del>		
ARTICLE VII	INCORPORATOR			
The <u>name and add</u> Name:	ress of the Incorporator is:  Robert J. McInture			
Address:	408 Hengar			
	The Villages, Florida 3216	.2		
	,	<del></del>		
	ed as registered agent to accept service of pro-			
certificate, I am fai	miliar with and accept the appointment as regis	tered agent and agr	ee to act in this capac	ity /
Kennet	tt > Navortles)		Q	3/1/2/1/1
1 porture	Required Signature of Registered Agen	t .	<u> </u>	Date
I submit this docum	nent and affirm that the facts stated herein ar	e true I am aware t	hat any false informa	ution submitted in a document
	of State constitutes a third degree felony as pro			4
Lah. M	M CK		<b>7</b> 00	IN bou
- MANY!	Required Signature of Incorporat	or		CONTRACTOR OF THE PROPERTY OF
/	The second of th		/	<i></i>