N12000008809

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
٠					

Office Use Only



800238746238

08/23/12--01029--007 **87.50

S.W.

FILED

12 SEP 13 PH 4: 3:
SECRETARY OF STATE
FALLAHASSEE FLORING

9-14-12

COVER LETTER

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

SUBJECT: Livin	g Water Ministries	s, Inc.		•
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	 ,
				· ,
Enclosed is an origina	ll and one (1) copy of the Arti	icles 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	er '
	•	ADDITIONAL C	OPY REQUIRED	-
	·			.]
EDON	_{1:} Cheryl D. Baker			
rkov	Name (Pr	rinted or typed)		
	1591 Lane Ave.	S., #118W		•
		Address	-	
	Jacksonville, Flo			. 1 115
	City,	State & Zip		•
(904) 638-6906				
	Daytime Te	elephone number		
	Livingwatmin@	aol.com		

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

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

RECEIVED 12 SEP 13 AHII: 57

SECREDAN OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2012

CHERYL D. BAKER 1591 LANE AVE S #118W JACKSONVILLE, FL 32210

SUBJECT: LIVING WATER MINISTRIES, INC.

Ref. Number: W12000044111

We have received your document for LIVING WATER MINISTRIES, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 912A00021778

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

ARTICLE I The name of the c	NAME Living Water Healing orporation shall be:	g Ministries, In	
ARTICLE II	PRINCIPAL OFFICE		FILED .
	Principal street address		Mailing address, if different is:
	1591 Lane Ave. S, #118W		
	Jacksonville, FL 32210		Jacksonville F 32222
			TALLAMASSEE, P. O. R.
ARTICLE III	PURPOSE		The state of the s
The purpose for v	which the corporation is organized is:		
scientific purpos We shall provide	es under section 501(c)(3) of the Internal Rev	venue Code, or cor worship, education	nized for charitable, religious, educational, and responding section of any future federal tax code. n, personal and social growth, awareness to both achings, workshops, and public speaking.
ARTICLE IV	MANNER OF ELECTION The manner	er in which the direc	tors are elected and appointed:
All Directors	will be appointed pursuant to the B	y-Laws of the	
ARTICLE V	INITIAL OFFICERS AND/OR DIREC		
	itle: President/CEO		itle: Vice President
Address:	Cheryl D. Baker	Address:	Stanley D. Baker
	1591 Lane Ave, S., #118W	***********	1010 N. Fiske Blvd. #42 Cocoa, FL. 32922
	Jacksonville, FL, 32210	 	Cocoa, FL. 32922
Name and T	itle: Secretary	Name and Ti	itle:
Address:	Polly Williams	Address:	
	2290 Mission Creek Dr.		
	Jacksonville, FL, 32218		
Name and T	itle:	Name and Ti	itle:
Address:	nio.	Address:	
ARTICLE VI The name and Flo Name: Address:	REGISTERED AGENT prida street address (P.O. Box NOT acceptable Cheryl D. Baker 1591 Lane Ave., S. #118W Jacksonville, Fl. 32210	e) of the registered a	gent is:
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Cheryl D. Baker		
Address:	1591 Lane Ave., S, #118W		
	Jacksonville, Fl. 32210		
I submit this docu	miliar with and accept the appointment as regional accept the appointment as regional acceptance of Registered Ager	istered agent and ag	$\frac{9 - 19 - 2012}{\text{Date}}$ that any false information submitted in a document
w ine Department	of State Constitutes a finite degree Jelony as pro	oviuea for in 8.817.1	8-19-20/Z
	Required Signature of Incorporate	for	Dota