

N13000004871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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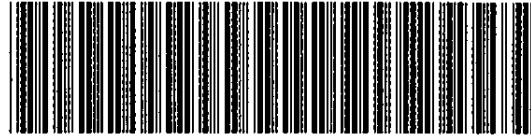
(Business Entity Name)

(Document Number)

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13 MAY 21 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers MAY 28 2013

**COVER LETTER**

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

SUBJECT: Divine Healing Ministries for Health, 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 COPY REQUIRED**

FROM: Monsignor - Chevalier Dr. Michael John Badanek KLS  
Name (Printed or typed)

3391 - East Silver Springs Blvd. Suite #B  
Address

Ocala, Florida 34470  
City, State & Zip

352-201-3106  
Daytime Telephone number

kingfrog10@cox.net  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Divine Healing Ministries for Health, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
3391- East Silver Springs Blvd.  
Suite #B  
Ocala, Florida 34470

Mailing address, if different is:  
c/o P.O. BOX 10  
Silver Springs, Florida  
34489-0010

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To actively promote a Non-Profit, God given Ecclesiastical form of Alternative Complimentary Medicine based on specific Christian religious practices of Natural health care for the sick and health challenged.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Appointments of directors are done solely by Monsignor-Chevalier Dr. Michael John Badanek

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Monsignor-Chevalier Dr. Michael John Badanek KLS; President / CEO.

Address: 3391- East Silver Springs Blvd. Suite #B  
Ocala, Florida 34470

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAY 24 AM 11:08

FBI/DO

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Nancy C. Jenkins  
Address: 4429- NE. 2ND Street  
Ocala, Florida 34470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MUNSIGNOR - Chevalier Dr. Michael John Badanek KLS: President/CEO  
Address: 3391- East Silver Springs Blvd Ste #B  
Ocala, Florida 34470

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Nancy C. Jenkins  
Required Signature of Registered Agent

5-21-13  
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.

MUNSIGNOR - Chevalier Dr. Michael John Badanek KLS: President/CEO  
Required Signature of Incorporator

5/21/13  
Date

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
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