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COVER LETTER

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

Connecting Well, 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 \$78.75 \$87.50 \$78.75 Filing Fee Filing Fee & Filing Fee Filing Fee, & Certified Copy Certified Copy Certificate of & Certificate Status ADDITIONAL COPY REQUIRED: William B Langford Name (Printed or typed) 8654 Vista Pine Court Address Orlando, Florida 32836 City, State & Zip 407-489-7289 Daytime Telephone number

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

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

tnlangford@msn.com /

ARTICLES OF INCORPORATION

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

The name of t	he corporation shall be: Connecting	g Well, INC.			
	Principal atreet address: 54 Vista Pine Court rlando, FL 32836	Mailing address, if different is	s:		
ARTICLE I The purpose i marriages, f	TI PURPOSE for which the corporation is organized is: amilies, organizations of all kinds in the fo	rovide counseling, assessment, teaching, training, ed	ucation to	o indivi	duals,
be limited to	consultation, published materials in all fo	orms including books/paper products, online pub	lications	1	
video, audio,	seminars, conferences, retreats and any all m	rediums yet to be developed. Services and products to	o be done	ated	
sold in the U	Inited States and Internationally. The mis	ssion of the organization shall be from a Christian	n worldv	iew.	
This corporat	ion is organized for charitable, religious, educa-	ational, and scientific purposes including, for such pur	poses, th	e maki	ing
of distributions	to to organizations that qualify under section 501c3	of Internal Revenue Code, or the future section of any future	e tax code	•	
ARTICLE I	d by the officers of the corpor		Directo	rs sha	
Name and Tis	Nancy J. Langford, President	Name and Title:	<u>1887</u>	-9	
Address	8654 Vista Pine Court	Address:			
	Orlando, FL 32836		ORIDA	9h :11 HB	
Name and Ti	William B. Langford V	ice President Name and Title:			
Address	8654 Vista Pine Court	Address:			
	Orlando, FL 32836	4m* 4m*********************************			
Name and Ti	lle: Nancy J Langford, Secretary/Treasure	Name and Title:			
Address	8654 Vista Pine Court	Address:			
	Orlando, FL 32836				

•			
Name and Title:	···	Name and Title:	······
Address _		Address:	
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Name and Title:	14.00.001	Name and Title:	
Address _		Address:	
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ARTICLE VI The name and F	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT accept William Langford	table) of the registered agent is:	TALLAND T
Address:	8654 Vista Pine Cou	irt	L-9 A
Addiess.	Orlando, FL 32836		AM II: 46 SEE, FLORID
ARTICLE VII	INCORPORATOR		ORD: 16
Name:	Idress of the Incorporator is: William B Langford		7
Address:	8654 Vista Pine Cou	<u></u>	
144400.	Orlando, FL 32836		
	ned as registered agent to accept service of		
	med as registered agent to accept service of familiar with and accept the appointment as		this capacity
		registered agent and agree to act in	

} _____