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(Requestor's Name) (Address) (Address)	900250213709
(City/State/Zip/Phone #)	07/29/1301016012 **78.75
Certified Copies Certificates of Status	13 JUL 29 AN 8:04
Office Use Only	5/1 A

COVER LETTER

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

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

□ \$70.00 Filing Fee Status

■\$78.75 Filing Fee & Certified Copy

\$87.50
 Filing Fee,
 Certified Copy
 & Certificate

ADDITIONAL COPY REQUIRED

FROM: Charles S. Knause

Name (Printed or typed)

118 Sunny Brook Circle, North

Address

Ormond Beach, FL 32174

City, State & Zip

(386) 672- 3426

Daytime Telephone number

charlesknause@att.net

E-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)

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ARTICLE	II PRINCIPAL OFFICE			
11	Principal <u>street</u> address: 18 Sunny Brook Circle, North	<u></u>	Mailing address, if different is:	
0	rmond Beach, FL 32174	<u></u>	······································	
	for which the corporation is organized is: to tation that will service the need			
Beach	······································			
<u> </u>		······································		
	IV MANNER OF ELECTION The ma meeting or by mutual consent of th		oard members.	. <u>0</u> ,
A yearly	meeting or by mutual consent of th	ne existing b	oard members.	AD UNISEURE
A yearly A RTICLE	meeting or by mutual consent of th	ne existing be RECTORS	bard members.	· 1882.
A yearly ARTICLE Name and T	meeting or by mutual consent of th	ne existing bo RECTORS Name and Title	Shannon McLeish, Secretary	
A yearly ARTICLE	meeting or by mutual consent of th <i>v INITIAL OFFICERS AND/OR DI</i> itle: Charles S. Knause, President	ne existing be RECTORS Name and Title Address:	Shannon McLeish, Secretary	
A yearly ARTICLE Name and T Address	v INITIAL OFFICERS AND/OR DIR ittle: Charles S. Knause, President 118 Sunny Brook Circle, N. Ormond Beach, FL 32174	ne existing be RECTORS Name and Title Address:	Shannon McLeish, Secretary	
A yearly ARTICLE Name and T Address	v INITIAL OFFICERS AND/OR DIR ittle: Charles S. Knause, President 118 Sunny Brook Circle, N. Ormond Beach, FL 32174	ne existing be RECTORS Name and Title Address:	Shannon McLeish, Secretary	
A yearly ARTICLE Name and T Address	meeting or by mutual consent of th V INITIAL OFFICERS AND/OR DI itle: Charles S. Knause, President 118 Sunny Brook Circle, N. Ormond Beach, FL 32174 itle: Rev.Richard J. Murphy, Vice President	ne existing be RECTORS Name and Title Address:	Shannon McLeish, Secretary 25 Live Oak Avenue Ormond Beach, FL 32174	
A yearly ARTICLE Name and T Address	meeting or by mutual consent of the intervention of the interve	ne existing be RECTORS Name and Title Address: Name and Title Address:	Shannon McLeish, Secretary 25 Live Oak Avenue Ormond Beach, FL 32174 Jerry Bolkcum, Director 135 Banyan Drive Ormond Beach, FL 32174	
ARTICLE	meeting or by mutual consent of the intervention of the interve	ne existing be RECTORS Name and Title Address:	Shannon McLeish, Secretary 25 Live Oak Avenue Ormond Beach, FL 32174 Jerry Bolkcum, Director 135 Banyan Drive Ormond Beach, FL 32174	

Name and Title:]	Name and Title:
Address	· · · · · · · · · · · · · · · · · · ·	Address:
Name and Title:]	Name and Title:
Address		Address:
	REGISTERED AGENT rida street address (P.O. Box NOT accepta	able) of the registered agent is:
Name:	Charles S. Knause	· · · · ·
Address:	118 Sunny Brook Circle, North	
	Ormond Beach, FL 321	74

 ARTICLE VII
 INCORPORATOR

 The name and address of the Incorporator is:
 Name:

 Name:
 Charles S. Knause

 Address:
 118 Sunny Brook Circle, North

 Ormond Beach, FL 32174

VISIOR OF CONPERATIONS

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,

Janpe

Date

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.

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Required Signature of Incorporator

y 25, 2013 Date