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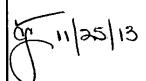


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SKOTIVE JO KANTEN SINIE



COVER LETTER

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

SUBJECT: HEALING OF THE NATIONS CHURCH OF GOD, 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: YVONNE HAYLE

Name (Printed or typed)

644 FLORAL DRIVE

Address

KISSIMMEE, FL 34743

City, State & Zip

407-348-8542

Daytime Telephone number

YSOUTHAYLD@CFL.RR.COM

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

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

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

	, in computance with			F 11	
ARTICLE I The name of th	NAME HEALING OF	THE NAT	TIONS CHURCH O	F GOD HINC	LEO Y OF STATE LORPORATIO
RTICLE II	PRINCIPAL OFFICE			13 NOV 22	PM L: 17
644	Principal <u>street</u> address: I FLORAL DRIVE		Mailing address, if diff 44 FLORAL DRIVE		
KIS	SSIMMEE, FLORIDA 3474	3 <u>k</u>	(ISSIMMEE, FLOR	RIDA 34743	· ····
ARTICLE II	TI PURPOSE For which the corporation is organized is:		OF WORSHIP		
<u> </u>		~- <u></u>	**************************************		
ARTICLE I	,		he directors are elected and app	ointed:	
	W MANNER OF ELECTION The ma		he directors are elected and appo	ointed:	
APPOINT	MENT BY MEMBER ELECTION		he directors are elected and appo	ointed:	· · · ·
APPOINT <i>article</i>	WENT BY MEMBER ELECTION V INITIAL OFFICERS AND/OR DID CYNTHIA ANDERSON PRESIDENT	RECTORS	YVONNE HAYLE VICE PE		
APPOINT ARTICLE Name and Tit	WENT BY MEMBER ELECTION V INITIAL OFFICERS AND/OR DID CYNTHIA ANDERSON PRESIDENT	RECTORS Name and Tit	YVONNE HAYLE VICE PE	RESIDENT	· · · · ·
APPOINT ARTICLE Jame and Tit	MENT BY MEMBER ELECTION V INITIAL OFFICERS AND/OR DID le: CYNTHIA ANDERSON PRESIDENT	RECTORS	YVONNE HAYLE VICE PF	RESIDENT	
APPOINT ARTICLE Name and Tit Address	MENT BY MEMBER ELECTION V INITIAL OFFICERS AND/OR DID le: CYNTHIA ANDERSON PRESIDENT 644 FLORAL DRIVE KISSIMMEE, FL 34743	RECTORS Name and Tit	644 FLORAL DE KISSIMMEE, FL	RESIDENT RIVE 34743	
APPOINT ARTICLE Name and Tit Address	MENT BY MEMBER ELECTION V INITIAL OFFICERS AND/OR DID le: CYNTHIA ANDERSON PRESIDENT 644 FLORAL DRIVE KISSIMMEE, FL 34743	RECTORS Name and Tit Address:	644 FLORAL DE KISSIMMEE, FL	RESIDENT RIVE 34743 RETARY	
APPOINT ARTICLE Name and Tit Address	MENT BY MEMBER ELECTION V INITIAL OFFICERS AND/OR DID le: CYNTHIA ANDERSON PRESIDENT 644 FLORAL DRIVE KISSIMMEE, FL 34743 le: EDWARD HAYLE VICE PRESIDENT	RECTORS Name and Tit Address: Name and Tit	le: YVONNE HAYLE VICE PE 644 FLORAL DE KISSIMMEE, FL	RESIDENT RIVE 34743 RETARY H AVE	
APPOINT ARTICLE Name and Tit Address Name and Tit Address	MENT BY MEMBER ELECTION INITIAL OFFICERS AND/OR DID CYNTHIA ANDERSON PRESIDENT 644 FLORAL DRIVE KISSIMMEE, FL 34743 EDWARD HAYLE VICE PRESIDENT 644 FLORAL DRIVE KISSIMMEE, FL 34743	RECTORS Name and Tit Address: Name and Tit Address:	HAINES CITY, FL	RESIDENT RIVE 34743 RETARY H AVE	
	MENT BY MEMBER ELECTION INITIAL OFFICERS AND/OR DID CYNTHIA ANDERSON PRESIDENT 644 FLORAL DRIVE KISSIMMEE, FL 34743 EDWARD HAYLE VICE PRESIDENT 644 FLORAL DRIVE KISSIMMEE, FL 34743	RECTORS Name and Tit Address: Name and Tit Address:	HAINES CITY, FL	RESIDENT RIVE 34743 RETARY H AVE	

Name and Title:		Name and Title:	<u>.</u>
Address		Address:	
			
			
Name and Title:		Name and Title:	
Address		Address:	
		-	
			
	EGISTERED AGENT		
	street address (P.O. Box NOT acception of the street address acception of the street acceptance a	ptable) of the registered agent is:	
Name:	VONNE HAYLE		
Address: 6	44 FLORAL DRIVE		
<u>K</u>	ISSIMMEE, FL 34743	3	
	CORPORATOR		
The name and address	- -	•	
Name: Y	VONNE HAYLE	<u> </u>	·
Address:	344 FLORAL DRIVE		
K	KISSIMMEE, FL 3474	3	
Having been named a	s registered agent to accept service	of process for the above stated corport	ation at the place designated in this
		s registered agent and agree to act in th	
WHan	sle		11/18/13
	Required Signature of Registered	Agent	Date
	t and affirm that the facts stated here tate constitutes a third degree felony (in are true. I am aware that any false is	nformation submitted in a document
14/0	1. 10		11/18/12
Jan	Required Signature of Incorp	porator	Date
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