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PICK-UP	☐ WAIT	MAIL
		
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Certified Copies	_ Certificates	or Status
	ET. 027	
Special Instructions to	Filing Officer:	
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Office Use Only



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SCCRETARY OF STATIONS
JIVISION OF CORPORATIONS

2 12/5/13



November 27, 2013

TREES OF HEALING MINISTRIES, INC ATTN: LYNN MILLER 1851 ARDMORE ROAD FT MYERS, FL 33901

SUBJECT: TREES OF HEALING MINISTRIES, INC

Ref. Number: W13000065587

We have received your document for TREES OF HEALING MINISTRIES, INC and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Domestication of a profit corporation, but your entity is a non-profit corporation. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Pamela Smith Regulatory Specialist II

Letter Number: 513A00027368

COVER LETTER

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

SUBJECT:
Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:
FEES:
Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75
OPTIONAL:
Certificate of Status \$ 8.75 TREES OF HEALING MINISTRIES, NC Name (printed or typed)
1851 ARDMORG ROAD Address
Ft. MYERS, FL 33901 City, State & Zip
J70 519-6468 Daytime Telephone Number
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 DEC -3 PM 2: 55

NOT FOR PROFIT CERTIFICATE OF DOMESTICATION

The undersigned, LYNN MILLER, CHAIRMAN
of TREES of HEALING MINISTRIES, INC. a foreign Corporation
(Corporation Name) in accordance with section 617.1803, Florida Statutes, does hereby certify:
1. The date on which corporation was first formed was $1/27/2004$,
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was TREES of HEALING MINISTRIES, NC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to
s. 617.01201 and 617.0202 with this certificate is TREES of HEALING MINISTRIES, No.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was ADOCAH, MCCARCHEN Co, KENTOCKI
 Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.
I am LYNN MILLER, of 1851 ardmore Road, St. Maps, FL 33901
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 2 ^d day of <u>Westernser</u> , 2013.
(Authorized Signature)

Filing Fee:

Certificate of Domestication
Articles of Incorporation and Certified Copy
Total to domesticate and file

\$50.00 <u>\$78.75</u> \$128.75

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ARTICLES OF INCORPORATION

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

13 DEC -3 PM 2: 55

ARTICLE I NAME	
The name of the corporation shall be:	
Trees of Healing Minestries Inc.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address shall be:	
Principal Address Mailing Address	
1851 Ardmere Road Ja. Myers, FL 33901	
Jr. Myers, FL 33901 4. Myers, FL 33901	
A mapa,	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized:	, ,,
Not for profit charatable organization to aid the poor nation	ally
Not for profit charitable organization to aid the poor nation	V
Switch pipe vicete its 4	

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13 BEC -3 PH 2: 56

or appointed:
$A \cdot A$
derector

AND/ OR OFFICERS e(s):
Title/Name
Chairmen, Derector
Title/Name
Derectae
Wirker
Title/Namc

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ARTICLE VI INITIAL REGISTERED AC	GENT AND STREET ADDRESS
The name and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:
Claudia Jenningo	
1851 Ardmore Road	
JA. Myess, FC 33901	
V	
ARTICLE VII INCORPORATOR	
The name and address of the incorporator is:	
Synn Miller	
1851 Ardman Road	
A. Muerd. St. 33901	,
, , ,	
**********	***********
	of process for the above stated corporation at the place designated
in this fertificate, Lam familiar with and accept the appointn	nent as registered agent and agree to act in this capacity.
Laudia Jennener	<u> 12/2/13</u>
Signature/Registered Agent	Date
Simm Miller	Dor 2, 2063
Sign state / Incorporator	Date /