

N14000005952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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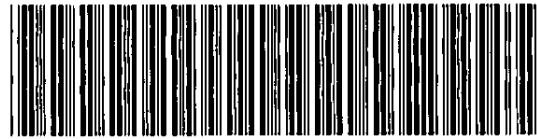
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 118724 7994346

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE : May 5, 2014

ORDER TIME : 1:21 PM

ORDER NO. : 118724-001

CUSTOMER NO: 7994346

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DOMESTIC FILING

NAME: DAYSTAR FAMILY MINISTRIES,  
INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT. 62925

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I NAME**

The name of the corporation shall be: DAYSTAR FAMILY MINISTRIES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
4545 Pleasant Hill Rd.

Kissimmee, FL 34759

Mailing address, if different is:

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Free medical clinic offering medical care to the uninsured, under served population of Osceola County.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Election  
and vote

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

Name and Title: Melanie S Schlauder, Director

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

Address: 4545 PLEASANT HILL RD.

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

KISSIMMEE FL 34759

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

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

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

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

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Melanie S Schlauder, Director

Address: 4545 PLEASANT HILL RD.

KISSIMMEE FL 34759

*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*

Corporation Service Company

By: Emily Gray Asst VP

Required Signature of Registered Agent

5-29-2014

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.*

\_\_\_\_\_ M.D.

Required Signature of Incorporator

5-29-2014

Date

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