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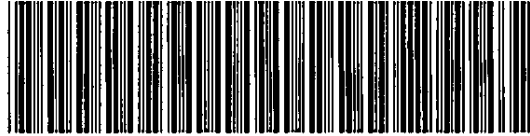
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DIVISION OF CORPORATIONS
16 JUN 10 PM 4: 29

JUN 17 2016

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COVER LETTER

FILED STATE
SECRETARY OF CORPORATIONS
16 JUN 10 PM 4:29

TO: Amendment Section
Division of Corporations

SUBJECT: FAITH'S PROMISE MINISTRIES, INC

(Name of Surviving Corporation)

The enclosed Articles of Merger and fee are submitted for filing.

Please return all correspondence concerning this matter to following:

BENJAMIN BURKE

(Contact Person)

SNAPPY TAX

(Firm/Company)

209 NE 36 AVE

(Address)

OCALA, FL 34470

(City/State and Zip Code)

For further information concerning this matter, please call:

BENJAMIN BURKE At (352) 533-4250

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Certified copy (optional) \$8.75 (Please send an additional copy of your document if a certified copy is requested)

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF MERGER
(Not for Profit Corporations)

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 DIVISION OF CORPORATIONS
 16 JUN 10 PM 4: 29

The following articles of merger are submitted in accordance with the Florida Not For Profit Corporation Act, pursuant to section 617.1105, Florida Statutes.

First: The name and jurisdiction of the surviving corporation:

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
FAITH'S PROMISE MINISTRIES, INC	FLORIDA	N14000010199
_____	_____	_____

Second: The name and jurisdiction of each merging corporation:

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
HIS COMPASSION, INC	FLORIDA	N14000002071
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Third: The Plan of Merger is attached.

Fourth: The merger shall become effective on the date the Articles of Merger are filed with the Florida Department of State

OR ____ / ____ / ____ (Enter a specific date. NOTE: An effective date cannot be prior to the date of filing or more than 90 days after merger file date).

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(Attach additional sheets if necessary)

Fifth: ADOPTION OF MERGER BY SURVIVING CORPORATION
(COMPLETE ONLY ONE SECTION)

SECTION I

The plan of merger was adopted by the members of the surviving corporation on 05/31/2016.
The number of votes cast for the merger was sufficient for approval and the vote for the plan was as follows:
6 FOR 0 AGAINST

SECTION II

(CHECK IF APPLICABLE) The plan or merger was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION III

There are no members or members entitled to vote on the plan of merger.
The plan of merger was adopted by the board of directors on _____. The number of directors in office was _____. The vote for the plan was as follows: _____ FOR _____ AGAINST

Sixth: ADOPTION OF MERGER BY MERGING CORPORATION(S)
(COMPLETE ONLY ONE SECTION)

SECTION I

The plan of merger was adopted by the members of the merging corporation(s) on 05/31/2016. The number of votes cast for the merger was sufficient for approval and the vote for the plan was as follows: 6 FOR 0 AGAINST

SECTION II

(CHECK IF APPLICABLE) The plan or merger was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION III

There are no members or members entitled to vote on the plan of merger.
The plan of merger was adopted by the board of directors on _____. The number of directors in office was _____. The vote for the plan was as follows: _____ FOR _____ AGAINST

PLAN OF MERGER

The following plan of merger is submitted in compliance with section 617.1101, Florida Statutes and in accordance with the laws of any other applicable jurisdiction of incorporation.

The name and jurisdiction of the surviving corporation:

<u>Name</u>	<u>Jurisdiction</u>
FAITHS PROMISE MINISTRIES, INC	FLORIDA
_____	_____

The name and jurisdiction of each merging corporation:

<u>Name</u>	<u>Jurisdiction</u>
HIS COMPASSION, INC	FLORIDA
_____	_____
_____	_____
_____	_____
_____	_____

The terms and conditions of the merger are as follows:

IMMEADIATE MERGER OF BOTH NON-PROFITS. SURVIVING COMPANY WILL OPERATE UNDER FEIN #47-2334771.

A statement of any changes in the articles of incorporation of the surviving corporation to be effected by the merger is as follows:

SURVING COMPANY, FAITHS PROMISE MINISTRIES, INC WILL CHANGE ITS NAME TO HIS COMPASSION, INC.

Other provisions relating to the merger are as follows:

N/A