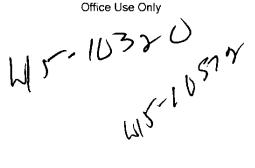
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(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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MAR 1 7 2015 S. GILBERT



March 2, 2015

PAULA MILLER 402 NW 35 STREET GAINESVILLE, FL 32607

'n

SUBJECT: ABUNDANCE AFG Ref. Number: W15000010572

We have received your document for ABUNDANCE AFG and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must list at least one incorporator with a complete business street address.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 815A00003015

COVER LETTER

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

SUBJECT:	A	bundance AFG	
	•	(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

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Filing Fee & Certified Copy

\$87.50

Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: PAULA Miller
Name (Printed or typed)

402 NW 35 St.

Gainesville A 32607

352-318-8914 Daytime Telephone number

of the second of future annual report notification)

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

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

ARTICLE The name o	of the corporation shall be:	Abun	dance	AFG	Inc	·
ARTICLE	•		· ·			
	Principal <u>street</u> addres		, [Mailing address	s, if different is:	が
	3403 N			J	178	1
	Gainesvill	,			- 5 5	The state of the s
	3260	9	प्यान्ते शास्त्रकारकारकार के ^{कि} न राजीकेलेल स्वरूप		mc mc	
RTICLE	III PURPOSE		Sel []	hol a ar	OC VA VE	8:4
he purpos	e for which the corporation is	organized is:	b dia	s of A	delali	a C
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<u>س</u> 2،	sten Po	000160		ne roun	- Ului	amin'n <u>an amin'ny ara-di</u> a ny anad-dia amin'ny anad-dia amin'ny anad-dia amin'ny anad-dia amin'ny anad-dia amin'n
Λ.	non- pro	hit or	COLANI	ogram	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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RTICLE	IV MANNER OF EL	CCTION The ma	nner in which the	directors are elected a	nd appointed: M	Airrita vote
						7.1
4 5 6 6 6 6 6						
<u>IRTICLE</u>	V INITIAL OFFICE	RS AND/OR DIR			0 1	
lame and	ride: Haula Miller	Treasure	Name and Title:	FRANK 3800 NW	Curtis	AL TREASURE
ddress	402 NW 35	st	Address:	3800 NW	136 St	
	Coines'Ulle	PI		Gainesvilla	e FL	
	32607			32	606	
ame and	ride: Choppy Hox	les Assist.	Name and Title:			
ddress	110 NW 9,	Ave				
	Gainesville					
	32601	<u> </u>				
ame and T	· i					
ddress			Address:			
			•			-

Name and Title:	· · · · · · · · · · · · · · · · · · ·	Name and Title:	
Address		Address:	
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Name and Title:_		Name and Title:	· · · · · · · · · · · · · · · · · · ·
Address		Address:	
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<u></u>			
ARTICLE VI	REGISTERED AGENT		
The name and FI	orida street address (P.O. Box NO	T acceptable) of the registered agent i	s:
Name:	Paula Miller	· · · · · · · · · · · · · · · · · · ·	
Address:	402 NW 35	ST	
	gainesville, &	21 32607	
ARTICLE VII	INCORPORATOR		
The name and ad	Idress of the Incorporator is:		
Name:	Paula Mill 402 NW 35	.ev	
Address:	402 NW 35	St	
	Jainesville, F	7 32607	
Having been nam certificate, I am f	ned as registered agent to accept s amiliar with and accept the appoint	service of process for the above state tment as registered agent and agree to	ed corporation at the place designated in this o act in this capacity
	DOM DO	\sim	2315
	Required Signature of Reg	sistered Agent	Date
		ed herein are true. I am aware that a felony as provided for in s.817.155, I	ny false information submitted in a document F.S.
. 1	Zaula Mill		
· · · · · · · · · · · · · · · · · · ·	Required Signature o	Incorporator	Date