N1500006472

	Requestor's Name)			
	Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
:				
	N. P.			
	Office Use Only			



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COVER LETTER

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

SUBJECT: Faith-Based	nd Community Partnerships, Inc.			
Sobolic 1.	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)	
Enclosed is an original	and one (1) copy of the Arti	cles 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 CO	PY REQUIRED	
FROM:	Lester Cypher		_	
	Name (Printed or typed)			
	7222 Orchid Lake Road			
		Address	-	
	New Port Richey, Florida 346	53		
	(City, State & Zip	-	
	727-457-2958			
	Daytin	ne Telephone number	-	
	lcypher@tampabay.rr.com			

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2015

LESTER CYPHER 7222 ORCHID LAKE ROAD NEW PORT RICHEY, FL 34653

SUBJECT: FAITH-BASED AND COMMUNITY PARTNERSHIPS

Ref. Number: W15000042569

We have received your document for FAITH-BASED AND COMMUNITY PARTNERSHIPS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

Tim Burch Regulatory Specialist II

Letter Number: 615A00012951

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

RTICLE II	I PRINCIPAL OFFICE		
	Principal street address:	Mailing address,	, if different is:
722	22 Orchid Lake Road		
Nev	w Port Richey, Florida 34653		LANGE CONTRACTOR OF THE CONTRA
RTICLE II		To unite Faith-Based and Community Chari	ities in a common cause in
	for which the corporation is organized is: ople caught in poverty.		A SEE
			Com
			7 SE
 			LORID LE
			84 5
		nner in which the directors are elected and apply board of durectors will be verectors	
RTICLE V	INITIAL OFFICERS AND/OR DIRE	<u>ECTORS</u>	Nominating Committy depointed: books Voting up u/d
RTICLE V	INITIAL OFFICERS AND/OR DIRE	Name and Title:	Nominating Committy depointed: books Voting up u/d
RTICLE IV RTICLE V ame and Ti	itle: Lester Cypher C.E.O./chairman	<u>ECTORS</u>	Nominating Committy depointed: books Voting up u/d
RTICLE V ame and Ti ddress	itle: Lester Cypher C.E.O./chairman 7222 Orchid Lake Road New Port Richey, Florida 34653 Sarah Graf, Board Director	Name and Title:	pointed: book Voting up vot ofe in by existing Boardof
RTICLE V	itle: Lester Cypher C.E.O./chairman 7222 Orchid Lake Road New Port Richey, Florida 34653 Sarah Graf, Board Director	Name and Title:Address:	pointed: book Voting up vot ofe in by existing Boardof
ame and Ti ddress	itle: Lester Cypher C.E.O./chairman 7222 Orchid Lake Road New Port Richey, Florida 34653 Sarah Graf, Board Director	Name and Title: Address: Name and Title:	pointed: book Voting up vot ofe in by existing Boardof
ame and Ti ddress ame and Ti	INITIAL OFFICERS AND/OR DIRE Lester Cypher C.E.O./chairman 7222 Orchid Lake Road New Port Richey, Florida 34653 ttle: Sarah Graf, Board Director 7925 Seasons Lane New Port Richey, FL 34653	Name and Title: Address: Name and Title:	pointed: board Ve trag up ve de lu by existing Board of
ame and Ti ddress	INITIAL OFFICERS AND/OR DIRE Lester Cypher C.E.O./chairman 7222 Orchid Lake Road New Port Richey, Florida 34653 ttle: Sarah Graf, Board Director 7925 Seasons Lane New Port Richey, FL 34653	Name and Title: Address: Name and Title: Address:	pointed: board Ve trag up ve de lu by existing Board of

Name and Title	:1	Name and Title:	
Address	• • • • • • • • • • • • • • • • • • • •	Address:	
Name and Title		N. 1700	
Name and Title		Name and Title:	
Address		Address:	
ARTICLE VI The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	rable) of the registered agent is:	يث.
Name:	Hilda Cypher	2	
Address:	7222 Orchid Lake Road		anger
	New Port Richey, FL. 346	AHASSEE	hare Lamb
	INCORPORATOR address of the Incorporator is:	r⊤ co	
Name:	Lester Cypher		
Address:	7222 Orchid Lake Road	· · · · · ·	
	New Port Richey, FL. 346	<u>653</u>	
ARTICLE VIII Effective date, i (If an effective after the filing.		2015 (OPTIONAL) cannot be more than five business days prior or 90 business	ss days
	te inserted in this block does not meet the applective date on the Department of State's record	licable statutory filing requirements, this date will not be listed ds.	i as the
certificate, I am	familiar with and accept the appointment as i	f process for the above stated corporation at the place design registered agent and agree to act in this capacity	ated in this
<i>\f</i>	Alla Cypher ohe Required Signature of Registered A	June 15, 2015	
Hilda Cyl	Required Signature of Registered A	Agent Date	
	cument and affirm that the facts stated herein int of State constitutes a third degree followy as	gre-true. I am aware that any false information submitted in sprovided for in s.817.155, F.S.	a document
		June 15, 2015	
Lester	Cyphew Required Signature of Incorpor	orator Date	
	11		