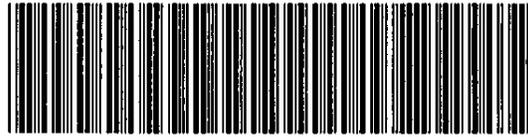


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Barry Steele  
2508 Minnesota Ave, #D-216  
Lynn Haven, FL 32444



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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

JAN 31 2015

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

**ARTICLE I NAME**

The name of the corporation shall be: Eternal Life International, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2508 Minnesota Ave., #D216  
Lynn Haven, FL 32444

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Eternal Life International, Inc. is a non-profit Corporation organized to operate exclusively, but not limited to, religious, educational and charitable purposes within the meaning of Section 501(c)(3) of the IRS Code.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Directors shall be elected and appointed at the Annual Board Meeting.

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

Name and Title: Barry Steele, President Name and Title: \_\_\_\_\_  
Address: 2508 Minnesota Ave., #D216 Address: \_\_\_\_\_  
Lynn Haven, FL 32444 \_\_\_\_\_

Name and Title: Brenda Steele, Treasurer Name and Title: \_\_\_\_\_  
Address: 2508 Minnesota Ave., #D216 Address: \_\_\_\_\_  
Lynn Haven, FL 32444 \_\_\_\_\_  
Assistant Secretary

Name and Title: Robin Simpson, Secretary Name and Title: \_\_\_\_\_  
Address: 1659 Flower Mound Lane #5 Address: \_\_\_\_\_  
Cocoa, FL 32922 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: \_\_\_\_\_  
Address: Barry Steele  
2508 Minnesota Ave. #D216  
Lynn Haven, FL 32444

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_  
Address: Brenda Steele  
2508 Minnesota Ave., #D216  
Lynn Haven, FL 32444

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

X Barry Steele  
Required Signature of Registered Agent

May 23, 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.

Brenda Steele  
Required Signature of Incorporator

May 23, 2014  
Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA