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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

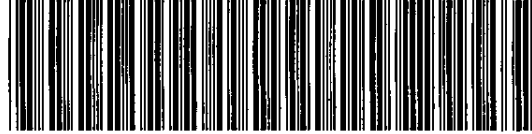
(Business Entity Name)

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15 APR 15 PM 2:58

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SECRETARY OF STATE
COLUMBIA, MO

[Signature] 04/11/16

COVER LETTER

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

SUBJECT: Divine and Sacred Healing Ministries for Health SMOCH Priory No. 109 Inc.
(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
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Reverend/Father Michael John Badanek President/C.E.O.
Name (Printed or typed)

3391 East Silver Springs Blvd. Suite B
Address

Ocala, Florida 34470
City, State & Zip

352-622-1151
Daytime Telephone number

kingfrog10@cox.net
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: Divine and Sacred Healing Ministries for Health SMOCH Priory
No, 109, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:	Mailing address, if different is:
<u>3391 East Silver Springs Blvd. Suite B</u>	<u>P. O. Box 10</u>
<u>Ocala, Florida 34470</u>	<u>Silver Springs, Florida 34489-0010</u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To create and nurture a church(s) and a diverse community of Monastic, Ecclesiastical and Professional people committed to alleviating all forms of human suffering related to BUT not solely caused by disease. We have a special dedicated interest in advancing the use of Medial Research, Churchs, Medical/Hospital Centers and Medically related Institutions of higher learning in concert with our tenants in treatment of all human health challenges and all forms of human suffering. Our areas of interest are in Human Services and all forms of Traditional, Alternative, Integrative and Natural Therapies

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Soley
and Exclusively by President/C.E.O.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Reverend/Father Dr. Michael John Badanek President/C.E.O.

Address	<u>3391 East Silver Springs</u>	Address:	_____
	<u>Boulevard Suite B</u>		_____
	<u>Ocala, Florida 34470</u>		_____

Name and Title: _____ Name and Title: _____

Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title: _____ Name and Title: _____

Address	_____	Address:	_____
	_____		_____
	_____		_____

FILED
CLERK OF STATE
JAN 15 2008
10:17 AM PG 2:58

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: Nancy Jenkins

Address: 4429 NE Second Street

Ocala, Florida 34470

16 APR 15 04 25 PM
STATE OF FLORIDA
DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Reverend/Father Dr. Michael John Badanek President/C.E.O.

Address: 3391 East Silver Springs Blvd. Suite B

Ocala, Florida 34470

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: February 14, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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.

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

Nancy Jenkins
Required Signature of Registered Agent

2-14-2016
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.

Reverend/Father Dr. Michael John Badanek
Required Signature of Incorporator

2/14/16
Date