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**FLORIDA PROFIT/NON PROFIT CORPORATION
FRANCISCAN PARISH OF THE RESURRECTION INC.**

Certificate of Status	0
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September 7, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: FRANCISCAN PARISH OF THE RESURRECTION INC.
REF: W16000061199

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. <http://www.sunbiz.org/titledef.html>.

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Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX And. #: H16000221210
Letter Number: 816A00018822

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

H16000221210

ARTICLE I NAMEThe name of the corporation shall be: Franciscan Parish of the Resurrection Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address:3351 NW 18 AveOakland Park FL 33309

Mailing address, if different is:

3351 NW 18 AveOakland Park FL 33309**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: For the church of
Franciscan Parish of The Resurrection**ARTICLE IV MANNER OF ELECTION**The manner in which the directors are elected and appointed: By
the bylaws**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Robert Cassizzi/Pres

Address:

3351 NW 18 AveOakland Park FL33309Name and Title: Paul La Flamme/v-p

Address:

3351 NW 18 AveOakland Park FL33309Name and Title: Jean Sweet/T

Address:

3351 NW 18 AveOakland Park FL33309Name and Title: Katherine Dzura/sec.

Address:

3351 NW 18 AveOakland Park FL33309Name and Title: Anthony Olivo/D

Address:

3351 NW 18 AveOakland Park FL33309

Name and Title:

Address:

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Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Er. Robert Cassizzi
Address: 3351 NW 18 Ave
Oakland Park FL 33309

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: Er. Robert Cassizzi
Address: 3351 NW 18 Ave
Oakland Park FL 33309

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.

Robert L. Cassizzi
Required Signature of Registered Agent

8/27/16
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.

Robert L. Cassizzi
Required Signature of Incorporator

8/27/16
Date

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