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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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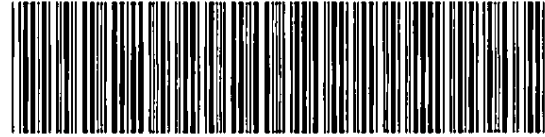
(Business Entity Name)

(Document Number)

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N. SAMS
SEP 07 2018

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U.S. DEPARTMENT OF STATE

COVER LETTER

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

SUBJECT: Healful + Peaceful Living Bible School of Health, 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: Lenora Murt
Name (Printed or typed)

1126 Central St
Address

Tallah. FL. 32363
City, State & Zip

850-566-8194
Daytime Telephone number

musekoad@hotmail.com
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: Healthful & Peaceful Living Bible School of Health, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1126 Central St

Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Teaching the Bible way of better healthful eating and living. Demonstration through community garden, and fruit groves. Teaching kindly meal preparations, through community outreach classes, and Bible study to back up the need to return to the original diet given to humankind in Eden.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

They are appointed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lenora Debbie Muse

Name and Title: Tatyssia Bell

Address: 1126 Central St

Address: 5481 Eugenia Court

Tallahassee, FL 32303

Orlando, FL 32817

President

Secretary

Name and Title: Erica D. Drew

Name and Title: _____

Address: 1008 Welden Run Place

Address: _____

McDonough, GA 30253

Treasurer

Name and Title: Audrey Small

Name and Title: _____

Address: 7200 Wagon Trail Rd

Address: _____

Tallahassee, FL 32310

Treasurer

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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: Latoria Dobbins-Muse

Address: 1126 Central St

Tallah, FL 32303

18 SEP -7 PM 12:32
CLERK, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Latoria Dobbins-Muse

Address: 1126 Central St

Tallah, FL 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

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

Latoria Dobbins-Muse
Required Signature of Registered Agent

09/07/2018
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.

Latoria Dobbins-Muse
Required Signature of Incorporator

09/07/2018
Date