## N18000009976

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(Address)
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(Document Number)
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N. SAMS SEP 18 2018



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18 SEP 17 PH I2: 30

Florida Department of State

**Division of Corporations** 

P.O. Box 6327

Tallahassee, Florida 32314

Subject: Orange Heart House Christian Association, Inc.

We are asking that you release the former name and all affiliation of Orange Heart House Christian Association, Inc; Document Number P18000044884 and allow for us to retain the current name of Orange Heart House Christian Association, Inc; Reference Number W18000077606.

It is my hope that this request is sufficient to file an Articles of Corporation. Please feel free to contact me at (863) 308-9546, or the address on file. Thanking you in advance for the handling of this timely request.

K'dajah Williams

CEO/Founder

18 SEP 17 PH 12: 30

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2018

K'DAJAH WILLIAMS 7417 WILLOW WISP DR. W LAKELAND, FL 33810 US

SUBJECT: ORANGE HEART HOUSE CHRISTIAN ASSOCIATION, INC.

Ref. Number: W18000077606

We have received your document for ORANGE HEART HOUSE CHRISTIAN ASSOCIATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is .

P18000044884,

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  $\bigcirc$  (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 318A00017816

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www.sunbiz.org

## **COVER LETTER**

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

SUBJECT: Ora	nge Heart H	ouse Christ	tian Assoc CLUDE SUFFIX)	<u>iation</u> , Inc.
-1	d one (1) copy of the Artic	_		}
€ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate	
FROM: _	K'dajah Name	Williams (Printed or typed)	-	
-	7417 Will	ow Wisp D	)r. W	

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

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

Lakeland Florida 33810

## ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporation shall be:	Drange Heart	House Christian Association	n, I
ARTICLE II PRINCIPAL OFFICE	J		
Principal <u>street</u> address.	<b>.</b>	Mailing address, if different is:	
Lakeland, F	lorida		
33815			
		ty with a mission to ensur	<u>e</u>
		lectual challenges by	
Supporting the re-	<u>Sidents to gra</u>	is religiously, educationally,	
		until they achieve a	
level of indep	endence.	****	
ARTICLE IV MANNER OF ELECTI	ION The manner in which the o	directors are elected and appointed: The found	ler
		yah Williams) appoints all.	
ARTICLE V INITIAL OFFICERS A	, ,	) &	
Name and Title: Kajah Wil	liams (CEO) Name and T	itle: Sarah Smith (c) =	
Address 747 Willion	O WISP Dr Address:	330 South Iouria Ave	
Lakeland,	Florida	Lakeland, Florida -	
33810		Lakeland, Florida - 33801 &	
Name and Title: Sylvia Holm	PS (VP) Name and T	ille: Ajaysia Williams (TR)	
Address 3139 Ellis f	Address:	412 Plum Street	
Lakeland,	FL.	Lakeland, Florida	
33803		33801	
Name and Title: Samson Wi	Iliams (CFQ) Name and T	itle:	
	gale Circle Address:		
Copperas Co	ove, Tx		
76522			
		·	

Name and Title	e: Name and Title:	-
Address	Address:	_
		-
		-
Name and Title	e: 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:	K'clajah Williams	5
Address:	7417 Willow Wisp Dr.	SEP
	Lakeland, Florida 33810	 1
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	PH 12: 4
	INCORPORATOR  i address of the Incorporator is:	12:
i ne <u>name ano</u>	address of the Incorporator is:	<u>F</u>
Name:	nagn willans	
Address:	7417 Willow Wisp Dr.	
	Lakeland, Florida 33810	
ARTICLE VIII	EFFECTIVE DATE:	
(If an effective	if other than the date of filing: (OPTIONAL) e date is listed, the date must be specific and cannot be more than five days prior or 90 days afte	r the filing.)
	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records.	e listed as the
Having been n certificate, I am	named as registered agent to accept service of process for the above stated corporation at the place in familiar with and accept the appointment as registered agent and agree to act in this capacity	designated in this
Kobeich	UWell 8000 8/0/201	, <del>8</del>
- 0	Required Signature of Registered Agent Date	
	ocument and affirm that the facts stated herein are true. I am aware that any false information subm nent of State constitutes a third degree felony as provided for in s.817.155, F.S.	itted in a document
^ / ^ ·	Comments a minus degree jearny as provided joi in 3.017.133, 1.35	
Paloego	Required Signature of Incorporator  8/8/3  Date	810
<b>y</b>	vedance eightung of theorborator Date	