## N190006265

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19 MAY III AM IO: 36

30 April 2019

Dear Sir / Madam,

I am writing because I would like the name Healed for Life Inc to be allocated to this new not-for-profit corporation. I was the owner of Healed for Life Inc (profit corporation P17000030576) which was dissolved on 30th April 2019.

Many thanks,

Jo Naughton

19 医红耳 雅尼马

## **COVER LETTER**

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

led for Life Inc. (PROPOSEI	O CORPORATE NAME – M	UST INCLUDE SUFFIX)
riginal and one (1) copy	of the Articles of Incorpor	ration and a check for:
\$78.75	□\$78.75	□\$87.50
Filing Fee &	Filing Fee	Filing Fee.
Certificate of	& Certified Copy	Certified Copy
Status	Ì	& Certificate
	ADDITIONAL CO	DPY REQUIRED
ROM:	Jo Naughton Name (Printed or typed)	<del></del>
	11243 SW 156th Place Address	<del></del>
	Miami, FL 33196 City, State & Zip	<u></u>
<del> </del>	305-492-3602 Daytime Telephone numbs	
	riginal and one (1) copy of \$78.75  Filing Fee & Certificate of Status	riginal and one (1) copy of the Articles of Incorpor  \$\sumsymbol{\subset}\$ \\$78.75

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

Jo@jonaughton.com
E-mail address: (to be used for future annual report notification)

## ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

RTICLE II	PRINCIPAL OFFICE				
			Mailing address, if diffe	erent is:	
	Principal <u>street</u> address: 11951 NW 37 <sup>th</sup> Street		11243 SW 156th Pl		
	CORAL SPRINGS		MIAMI		
	FL 33065		FL 33196		
	<u>PURPOSE</u>				
he purpose fo	or which the corporation is organized is	: To disseminate the	Gospel of Jesus Christ	and the	Word of G
ne end that	people may be evangelized and	believers may be cor	nformed to the image of	Jesus C	Christ
o provide l	New Testament healing to all.				
Ca actablich	and maintain a ministry and to	run conferences for v	vorship, prayer and heal	ling to re	estore Chris
<u>recognize</u>	ed statement of faith shall be esta	iblished and a Biblica	al form of governance.	<b>-</b>	
ARTICLE III	WANNER OF ELECTION The	manner in which the direc	tors are elected and appointed		
ARTICLE IV	MANNER OF ELECTION The	manner in which the direc	tors are elected and appointed	J:	
	MANNER OF ELECTION The for in the bylaws.	manner in which the direc	tors are elected and appointed	J:	
		manner in which the direc	tors are elected and appointed	i:	
As provided	for in the bylaws.  INITIAL OFFICERS AND/OR DI	RECTORS			
s provided	for in the bylaws.	RECTORS			
As provided  RTICLE V  Name and Tit	for in the bylaws.  INITIAL OFFICERS AND/OR DI	RECTORSName and Title:_			
As provided  IRTICLE V  Name and Tit	I for in the bylaws.  INITIAL OFFICERS AND/OR DIA  le: Jo Naughton (President)	RECTORSName and Title:Address:	Ruth Djang (Treasurer)		
As provided  IRTICLE V  Name and Tit	I for in the bylaws.  INITIAL OFFICERS AND/OR DI  le: Jo Naughton (President)  50 HOLLOWAYS LANE	RECTORSName and Title:Address:	Ruth Djang (Treasurer) 7 CRANFIELD DRIVE		
As provided  RTICLE V  Name and Tit  Address	I for in the bylaws.  INITIAL OFFICERS AND/OR DI  Ic: Jo Naughton (President)  50 HOLLOWAYS LANE  HATFIELD, HERTS  AL9 7NS, UK	RECTORSName and Title:Address:	Ruth Djang (Treasurer) 7 CRANFIELD DRIVE LONDON NW9 5WH, UK	`r	19
As provided  IRTICLE V  Name and Tit  Address	I for in the bylaws.  INITIAL OFFICERS AND/OR DIA  le: Jo Naughton (President)  50 HOLLOWAYS LANE  HATFIELD, HERTS  AL9 7NS, UK  lle: Duane Swilley (Secretary)	RECTORSName and Title:Address:Name and Title:	Ruth Djang (Treasurer) 7 CRANFIELD DRIVE LONDON NW9 SWII, UK	7-	
As provided  IRTICLE V  Name and Tit  Address	I for in the bylaws.  INITIAL OFFICERS AND/OR DI  le: Jo Naughton (President)  50 HOLLOWAYS LANE  HATFIELD, HERTS  AL9 7NS, UK  tle: Duane Swilley (Secretary)  326 GAIL POND DRIVE	RECTORSName and Title:Address:Name and Title:Address:	Ruth Djang (Treasurer) 7 CRANFIELD DRIVE LONDON NW9 5WH, UK	7-	19
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Name and Title:_		Name and Title:		<u>-</u>	
Address _		Address:			
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		<del></del>		<del></del>	
Name and Title:_		Name and Title:			-
Address		Address:			-
_					
_					
	<i>REGISTERED AGENT</i> orida street address (P.O. Box <b>NOT</b> acc	eptable) of the registered age	nt is:		
Name:	JO NAUGHTON	<del></del>			
Address:	MAIL TO: 11243 SW 156TH PLACE				19 B
	MIAMI FL 33196			 	F
	INCORPORATOR Idress of the Incorporator is:				
Name:	JO NAUGHTON	<del></del>		#** •	က ယ
Address:	MAIL TO: 11243 SW 156TH PLACE			*	
	MIAMI_FL 33196	_ <del></del>			
Effective date, if	EFFECTIVE DATE: other than the date of filing: 30 APRIL 2				AL COLUMN
(If an effective d	ate is listed, the date must be specific an	id cannot be more than five	days prior or 90 d	ays after	the Hing.)
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	ned as registered agent to accept service of familiar with and accept the appointment				esignated in this
	The		30	Apn	2019
	Required Signature of Registered	Agent		Date	<u> </u>
	ument and affirm that the facts stated her t of State constitutes <u>a</u> third degree felony			on submi	tted in a document

30 April 2019