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(Requestor's Name)				
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PICK-UP	MAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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EL SPESSO

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COVER LETTER

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

UBJECT:	(PROPOSED CORP	ORATE NAME – MUST IN	CLUDE SUFFIX)
oclosed is an original an	d one (1) conv of the At	rticles of Incorporation and	a check for
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee,
		ADDITIONAL CO	DPY REQUIRED
FROM: _	Na	nme (Printed or typed)	_
-	Address		
-	City, State & Zip		
-	Daytime Telephone number		
E-	mail address: (to be used for	r future annual report notificati	

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 II PRINCII	PAL OFFICE		
Principa 6055 Lake Melro	l <u>street</u> address: ose Dr	Mailing address, if different is:	
Orlando, FL 328	529		
The purpose for which the corporation is organized is: The purpose of this ministry is to provide for the needs of the needy as homeless people in our community. We assist in providing food, clothing and others needs which may arise.			
ARTICI F IV MANNE	'R OF FLECTION' Th	ne manner in which the directors are elected an	d appointed as per the bylaws
ARTICLE IV MANNE	TR OF ELECTION The	ne manner in which the directors are elected an	d appointed:as per the bylaws
ARTICLE IV MANNE	ER OF ELECTION The	ne manner in which the directors are elected an	d appointed:
	ER OF ELECTION The OFFICERS AND/OR D		d appointed:
RTICLE V INITIAL	OFFICERS AND/OR D	<u>DIRECTORS</u>	d appointed:
ARTICLE V INITIAL Name and Title:	OFFICERS AND/OR D	DIRECTORS Name and Title:	d appointed:
Name and Title:	OFFICERS AND/OR D	<u>DIRECTORS</u>	d appointed:
Name and Title: 6055 Lake	OFFICERS AND/OR D	DIRECTORS Name and Title:	d appointed:
Name and Title: Gordon Hame and Title: 6055 Lake Orlando, I	OFFICERS AND/OR D Iarper / C = S Melrose Dr FL 32829	DIRECTORS Name and Title: Address:	d appointed:
Name and Title: Gordon H 6055 Lake Orlando, I	iarper fres Melrose Dr FL 32829	Name and Title:Name and Title:	d appointed:
Name and Title: Cordon H 6055 Lake Orlando, I	OFFICERS AND/OR D Iarper / C = S Melrose Dr FL 32829	Name and Title:Name and Title:	d appointed:
Name and Title: Gordon H 6055 Lake Orlando, I Name and Title: Address	iarper fres Melrose Dr FL 32829	Name and Title: Address: Name and Title: Address:	d appointed:
Name and Title: Gordon H 6055 Lake Orlando, F Name and Title: Address	OFFICERS AND/OR D Iarper / res Melrose Dr FL 32829	Name and Title: Name and Title: Address: Name and Title: Address:	d appointed:
ARTICLE V INITIAL Name and Title: 6055 Lake Orlando, I Name and Title: Address	OFFICERS AND/OR D	Name and Title: Address: Name and Title: Address:	d appointed:

Name and Title:_		Name and Title:
Address		Address:
_		
Name and Title:_		Name and Title:
	<i>REGISTERED AGENT</i> orida street address (P.O. Box NOT acce	eptable) of the registered agent is:
Name:	Gordon Harper	
Address:	6055 Lake Melrose D	Dr .
Address:	Orlando, FL 32829	
	01141140,72 02025	
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Gordon Harper	
Address:	6055 Lake Melrose Dr	
	Orlando, FL 32829	
ARTICLE VIII	EFFECTIVE DATE:	
	other than the date of filing:ate is listed, the date must be specific as	
(II an elicenit a	are is noted, the date made to openine a	,
Note: If the date document's effect	inserted in this block does not meet the a tive date on the Department of State's rec	pplicable statutory filing requirements, this date will not be listed as the ords.
Having been nan certificate, I am f	amiliar with and accept the appointment	of process for the above stated corporation at the place designated in this as registered agent and agree to act in this capacity
* 3	Required Signature of Registered	d Agent Date
		ein are true. I am aware that any false information submitted in a document
X //	Pull Jan	
1, 200	Required Signature of Inco	orporator Date