N200 0000 0447

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Office Use Only



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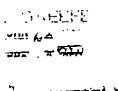
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COVER LETTER

epartment of State ivision of Corporations O. Box 6327 allahassee, FL 32314

UBJECT:	RECOVERDAND R								
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)									
Recovered and Restored Inc.									
nclosed 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							
		ADDITIONAL COPY REQUIRED							
FROM: ERLING S. SMEDVIG- Name (Printed or typed) 770 SWDALGT # 500 Address									
OKALOUSA IS FL 32548 City, State & Zip									

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

847-370-7447

Daytime Telephone number

ERUNGE SMEDVICS. 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)

e name of the corporation shall be:	REPAND	RESTORED Inc.
RTICLE II PRINCIPAL OFFICE		
Principal <u>street</u> address: 770 Scholar CT #	500	Mailing address, if different is:
DIGALOUSA IIS, 325	<u> </u>	
RTICLE III PURPOSE no purpose for which the corporation is organized is:	CHRISTAN	RECOVERY MINISTRY FOR
ADDICTIONS PERSONAL	STRENG	COLES, CO-DEPENDENCY
AND SPIRITUAL DEVE		
MATORITY VOTE OF BOAG RTICLE V INITIAL OFFICERS AND/OR DIRECT ame and Title: ERLING SUEDVICED	TORS	LLSA SMEDVIL PRESIDENT
ddress 770 SUNDIAL GT #50	Address:	770 SUNJAL CT#500
OKALGOSA IS 3254		BKALDOSA JS. 32548
ame and Title: SHAWN YORK ADVI	TUKL Solution L	·
ddress 253 FAIRPOINT DR.		
GULF BREEZE, FL 32561		C 18 PH 12:
ame and Title:	Name and Title:	:
ddress	Address:	
	_	

me and Title:_		Name and Title:	·		
idress _		_ Address:			
		-			
ıme and Title:_		Name and Title:			
idress		Addrove			
		_ Address.	<u></u>		
_		-			
	REGISTERED AGENT orida street address (P.O. Box NOT acce	ntable) of the revi	stered agent is:		
	LISA SMEDVIL	parote for the regi	sered agent is.	· ·	19
lame:		<u> </u>		; · ·	330
ddress:	770 SUNDIAL CT. # 9				 ⇔ ==
	OKALOOSA IS FL 3	2548		71. 71.	PH 12:
₹ <i>TICLE VII</i> e <u>name and ad</u>	INCORPORATOR Idress of the Incorporator is:			Γ.	2: 06
Name:	ERLING SMEDVIL	.			
Address:	ERLING. SMEDVIL 770 SUNDAL CTI				
	OKALOUSA IS, EL 3	2548			
fective date, if	EFFECTIVE DATE: other than the date of filing: nate is listed, the date must be specific an	nd cannot be mor		ays after	the filing.)
	inserted in this block does not meet the aptive date on the Department of State's reco		filing requirements, this date w	ill not be	: listed as the
wing been nan rtificate, I am f	ned as registered agent to accept service familiar with and accept the appointment a	is registered ageni	e above stated corporation at the and agree to act in this capacity	re place	designated in this
	Required Signature of Registered	/)	<i></i>	Date	<u>-V 1 1</u>
ubmit this docu the Departmen	iment and affirm that the facts stated here t of State constitutes a third degree felony	ein dre true. I am as provided for in	aware that any false informatio s.817.155, F.S.	n submit	ted in a document
leli	in Sanding	•	_	C1,	2019
	Required Signature of Incor	porator		Date	