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COVER LETTER

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

Ebenezer Dv	velling Place Inc.					
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed is an original a	and one (1) copy of the Art	icles of Incorporation and	a check for:			
□ \$70.00	□ \$78.75	□\$78.75	■ \$87.50			
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,			
	Certificate of Status	& Certified Copy	Certified Copy & Certificate			
		ADDITIONAL CO	PY REQUIRED			
	0 1 0					
FROM:						
	Name (Printed or typed)					
	2932 Dickens Circle		_			
		Address				

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

Kissimmee, FL 34747

soniadurrant1953@gmail.com

5713305175

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

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION

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

<u>ARTICLE I</u>	PRINCIPAL OFFICE				
293	Principal <u>street</u> address: 2 Dickens Circle Kissimmee, FL 3474	7	Mailing address, if diffe	erent is:	 -
The purpose	II PURPOSE for which the corporation is organized on all over the world who are looking for the following for the following for the world who are looking f		reating a community for the le	ess fortunate, brokenh	
<u>ARTICLE I</u>	V MANNER OF ELECTION The	manner in which the dire	fetors are elected and appointed	Voluntary	
ARTICLE V	' INITIAL OFFICERS AND/OR DI	<u>RECTORS</u>		Voluntary	
ARTICLE V	INITIAL OFFICERS AND/OR DI	<u>RECTORS</u>	Sharmen Swaby	Voluntary	_
ARTICLE V	' INITIAL OFFICERS AND/OR DI	<u>RECTORS</u>		Voluntary	_
ARTICLE V	INITIAL OFFICERS AND/OR DI itle: Rudolph Flemmings, Pastor 247 Inspire Blvd. Brampton, ON L6R3W6 itle: Keith Baker 3683 Riedman Rd	RECTORS Name and Title Address:	Sharmen Swaby 11937 Blackheath Circle		

Name and Title:	· · ·	Name and Title:	_
Address _			
-			
Name and Title:		Name and Title:	_
Address _		Address:	.
_			_
_			-
ARTICLE VI	REGISTERED AGENT		
The name and F	orida street address (P.O. Box NOT acc	reptable) of the registered agent is:	
Name:	Sonia A Durrant	· ;	2024
Address:	2932 Dickens Circle	·	AV.14202
	Kissimme, FL 34747		30
	•		MIII: 08
	INCORPORATOR	· · · <u>· ·</u>	= -
The name and ac	Idress of the Incorporator is:	r음	08
Name:	Sonia A. Durrant	···	
Address:	2932 Dickens Circle		
	kissimmee, FL 34747		
ARTICLE VIII	<i>EFFECTIVE DATE:</i> 05/07/2024		
Effective date, if	other than the date of filing:	(OPTIONAL) and cannot be more than five days prior or 90 days afte	er the filing.)
Note: If the date	-	applicable statutory filing requirements, this date will not be	
	amiliar with and accept the appointment	e of process for the above stated corporation at the place as registered agent and agree to act in this capacity ad Agent Date	,
	Required Signature of Registere	ed Agent Date	
	iment and affirm that the facts stated her If State constitutes a third degree felony a	ein are true. I am aware that any false information submitte	ed in a document to
Son	Required Signature of Inco	$\frac{5}{100}$	4