PO200001303

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

700005665757--3 -06/03/02--01080--016 ******78.75 ******78.75

SUBJECT:	HIS GI	RACE M	INISTRIES, INC.			
Enclosed is an or	iginal and o	ne (1) cop	by of the articles of	incorporation and	a check fo	or:
S70.	ee Fili	\$78.75 ng Fee ertificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee Certified Copy & Certificate	e e e	
	FROM:	HIS	GRACE MINIST Name (printed or typ	·····	2002 JUN SEURETI TALLAHA	
		3060	SLAUGHTER RO	OAD	-3 SSE -3	***
			Address		AM 10: 40 OF STATE E FLORIDA	
		PER	RY, FL 32347 City, State & Zip)	AGE O	
		(85	0) 584-5222		<u> </u>	
			Daytime Telephone N	Jumher		

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

ARTICLES OF INCORPORATION

2002 JUN -3 AM 10: 40

SECRETARY OF STATE

The undersigned incorporator(s), for the purpose of forming a corporation Audit the FLORIDA Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HIS GRACE MINISTRIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3060 SLAUGHTER ROAD PERRY, FL 32347

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES PAR VALUE \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BARBARA COULTHURST 311 MAIN STREET MAYO, FL 32066

ARTICLE V INCORPORATOR(S)

The name(s) and street addresses of the incorporator(s) to these Articles of Incorporation are:

WILLIAM H. JENKINS 3060 SLAUGHTER ROAD PERRY, FL 32347

, <u>2002.</u>

Signature

ARTICLES OF INCORPORATION FILING FEE - \$35.00

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corpo	oration is: HIS GRACE MINISTRIES, INC.			-	2
		Τco	2(
2. The name and address	of the registered agent and office is:	SECKI TALLAI	Z002 J		=
	BARBARA COULTHURST		-NII	PARTICIAL DESCRIPTION OF THE PARTICIAN O	
	(Name)	TARY O ASSEE	ယ်		
		ربي ند	AM		
	311 MAIN STREET	STATE LORIDA	<u>.</u>		
	(P.O. Box <u>not</u> acceptable)	D _E	Ċ,		
	MAYO, FL 32066				
	(City/State/Zip)				, राज्यस्य स्थ

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature) 5-28-02 (Date)