

P04000071013

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W04-14465

FILED

04 APR 30 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-03-04
B.

TRANSMITTAL LETTER

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

SUBJECT: FAITH, INCORPORATED

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Bethoyia Keizie Powell

Name (Printed or typed)

934 N. UNIVERSITY DRIVE, PMB 425

Address

Coral Springs, Florida 33071

City, State & Zip

(954) 270-1541

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 14, 2004

BETHOYIA KEIZIE POWELL
934 N UNIVERSITY DRIVE PMB 425
CORAL SPRINGS, FL 33071

SUBJECT: FAITH INCORPORATED
Ref. Number: W04000014485

We have received your document for FAITH INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filings Section

Letter Number: 504A00024638

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

By ~~FAITH~~ INCORPORATED

By Faith" INC

04 APR 30 AM 9:28
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

934 N UNIVERSITY DRIVE
PMB 425
CORAL SPRINGS, FLORIDA 33071

3370 HIDDEN Bay Dr
Unit 506
Aventura FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ANY AND/OR ALL ALLOWABLE TRANSACTIONS IN
COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621 OF THE
FLORIDA BUSINESS STATUTES.

ARTICLE IV SHARES

The number of shares of stock is:

ONE (1,000) THOUSAND @ PAR VALUE OF ONE (\$1.) DOLLAR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CHRISTOPHER WHITE, FOUNDER/ PRESIDENT/DIRECTOR
BETHOYIA KEIZIE POWELL, FOUNDER/VICE-PRESIDENT/ DIRECTOR
934 N UNIVERSITY DRIVE, PMB 425
CORAL SPRINGS, FLORIDA 33071

3370 HIDDEN Bay Dr
Unit 506
Aventura FL 33180

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

BETHOYIA KEIZIE POWELL
934 N UNIVERSITY DRIVE, PMB 425
CORAL SPRINGS, FLORIDA 33071

3370 HIDDEN Bay Dr
Unit 506
Aventura FL 33180

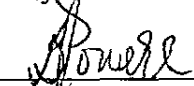
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BETHOYIA KEIZIE POWELL
93 N UNIVERSITY DRIVE, PMB 425
CORAL SPRINGS, FLORIDA 33071

3370 HIDDEN Bay Dr
Unit 506
Aventura FL 33180

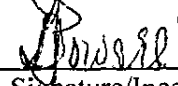
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:



Signature/Registered Agent

04/02/2004

Date



Signature/Incorporator

04/02/2004

Date