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PICK-UP	WAIT	MAIL		
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SEURETARY OF STATE

MAR 11 2008 D. A. WHITE

# TRANSMITTAL LETTER

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

SUBJECT: Life Matters Academy and University, Incorporated (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED
FROM:	DR, CARINE JO	(Printed or typed)	
-	P.O. BOX 6	666 954 Address	
	POMPANO B City,	EACH, HORI State & Zip	OA 33066
-	(954) 934-7 Daytime T	614 Celephone number	

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

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

# 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:

"Life Matters" Academy and University, Incorporated

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2700 W. Atlantic Blvd, Suite 240 Pompano Beach, Frorida 33069

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- A) fromote the Word of God through education
- B) Establish educational institutions of excellence nationwide

### ARTICLE IV SHARES

The number of shares of stock is: 500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DR. CARINE JULES, President - P.O. Box 666954, Pompano Beh, To 33066 CASSANDRA PIERRE, Secretary P.O. Box 666954, Pompano Beh, To 33066 GUERDESON PIERRE, Treasurer - P.O. Box 666954, Pompano Beh, To 33066 GABRIEL JULES, Vice President P.O. Box 666954, Pompano Beh, To 33066 MARTINE MILLER, Treasurer - P.O. Box 666954, Pompano Beh, To 33066 ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DR. CARINE JULES 2700 W. ATLANTIC BLVD, SUITE 240 POMPANO BEACH, FLORION 33069

# ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: .

DR. CARINE JULES
P. O. BOX 666954

Pompano Beach, Frorida 33066

TILES

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SECRETARY OF STATE

AFFARIASSEE, FLORIBI

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

03/02/08 Date

Dr. Garine Jules
Signature/Incorporator

03/02/08 Date