P10000011894

(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:				

Office Use Only



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SECRETARY OF STATE TALLAHASSES, FLORIDA

AFFORDABLE LEGAL SOLUTIONS

Laurie A. Bolam

611 Albee Farm Road North, Nokomis, FL. 34275 (941) 716-1585 affordlegalsol@amail.com

January 18, 2010

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

RE: waiver of name

Dear Madame:

Please be advised that I am writing in regards to the above referenced matter.

I hereby waive and release all rights, title and interest into the corporate name: Charis Childbirth, Inc.

I have enclosed a Dissolution of the non-profit corporation named: Charis Childbirth, Inc. and the new articles of Incorporation for a Profit corporation. Please assign the name of Charis Childbirth, Inc. to the articles of incorporation for profit.

Thank you for your assistance regarding this matter. If you should have any questions, please do not hesitate to contact me.

Jamie 1. Dolan

I hereby agree to this request dated on this 18th day of January 2010, as President to the non-profit corporation, Charis Childbirth, Inc. Please assign the same name to our corporation for profit.

rustin & Schuchmann

COVER LETTER

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

SUBJECT: Charis (Childbirth, Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
,		ADDITIONAL COPY REQUIRED	
FROM: <u>La</u>	urie A. Bolam Nam	e (Printed or typed)	<u></u>
611	Albee Farm Road North	Address	
Nok	comis, FL. 34275		
	City,	State & Zip	
(94	1) 716-1585		
	Daytime T	elephone number	
affo	rdlegalsol@gmail.com		
	E-mail address: (to be use	d for future annual report i	notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

Charis Childbirth, Inc.

ARTICLE II – PRINCIPAL OFFICE

5857 Babian Road, North Port, FL. 34291

<u>ARTICLE III – PURPOSE</u>

Any and all Lawful Business

ARTICLE IV - SHARES

One Hundred Shares/ par value \$1.00

<u>ARTICLE V – INITIAL OFFICERS AND/OR DIRECTORS</u>

Kristin Schuchmann 5857 Babian Road, North Port, FL. 34291

ARTICLE VI – REGISTERED AGENT

Laurie A. Bolam 611 Albee Farm Road North, Nokomis, FL. 34275

<u>ARTICLE VII – INCORPORATOR</u>

Kristin Schuchmann 5857 Babian Road, North Port, FL. 34291

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

Bristin SSchuchmann

Signature/Incorporator

01/27/2010 Date

01-20-2010

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA