## P1100002014

(Requestor's Name)					
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(City	//State/Zip/Phone	e #)			
PICK-UP	X WAIT	MAIL.			
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Certified Copies	Certificates	s of Status			
Special Instructions to F	Filing Officer:				
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## COVER LETTER

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

SUBJECT: The Grace of God (PROPOSED CORPOR	d Hoo Houses ATE NAME - MUST INC	Inc LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the ar  \$70.00	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM: The Grace of Nan  2610 W Michi		Inc	-	
,	32526 y. State & Zip  4733 Telephone number  sed for future annual repor	SECS MARY OF SLAGE TABLAHASSEE, FLORIDA inotification)	11 MAR -2 BM 14 17	

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 The name of the co	NAME The Grace of	God Houses Inc	FILED
ARTICLE II	PRINCIPAL OFFICE		11 MAR -2 剛 編 17
AR TICLE II	Principal street address	Mailing ad	dress if different is: UF STAFE
_	2610 w michigan Ave		SEONE MARY OF STATE
	Persacolu FL 32526		TALL AHASSEE, FLURID
ARTICLE III	PURPOSE		
	hich the corporation is organized is:		
<b>ARTICLE IV</b> The number of sha	SHARES res of stock is:		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	<del></del>	
Name and T Address:	ille: Deborgh Jackson 2610 W Michigan Auc		
Audiess.	Penrocok FC 77528		
Mama and T	itle:		
Address:	ilic.	Address:	
		<del></del>	
	itle:		
Address:			
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptate	ole) of the registered agent is:	
Name:	- Robert 72 kson	ye, or the registered agent to.	
Address:	1914colo FC 72526	<del></del>	
	19144,010 72 13 25	<del></del>	
ARTICLE VII	INCORPORATOR		
The <u>name and add</u> Name:	dress of the Incorporator is:  - Robert Tackson		
Address:	ZUO W Michigan AV	<del></del>	
, , , , , , , , , , , , , , , , , , , ,	Remucola FL 32526		
	ned as registered agent to accept service of p m familior with and accept the appointment o		
Pet /			3-2-//
	Required Signature/Registered Agen	1	Date
I submit this doci document to the D	ument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that the felony as provided for in s.817.15	false information submitted in a 5, F.S.
//	11/10-		_
·K	Required Signature Incorporator		3-2-11/ Date