P12000021596

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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MRD 12

COVER LETTER

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

SUBJECT: FAITH SHIELD ASSO		
(PROPOSED CORPORA Enclosed are an original and one (1) copy of the art	ATE NAME - MUST INC	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: PAULA A. LONDONO	e (Printed or typed)	
100 EAST LINTON BLV	D SUITE 411 B Address	
DELRAY BEACH, FL 3	3483 State & Zip	
(561) 200-6158 Daytime 7	elephone number	
faithshieldassn@aol.con E-mail address: (to be use	n d for future annual report	notification)

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

Faith Shield Association Corp.

P.O. Box 742002

Boynton Beach, FL 33474-2002

FILED

12 MAR -2 PM 3:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 23, 2012

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

To whom may it concern:

After the conversation by phone that we had with a customer's services representative, we are sending this letter concerning, that we were using the corporation above with the **Document Number**P0400037350, which is out of the business. And for his advice, we are requesting to please open a new **Document Number** with the same name of **FAITH SHIELD ASSOCIATION CORP**., basic that we need it to start the business again.

Thank you for the attention to this matter.

Sincerely,

Paula Londono President

Faith Shield Association Corp.

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

ARTICLE I	NAME Corporation shall be:	SOCIATION CORP.		
	•			
ARTICLE II	PRINCIPAL OFFICE			
	Principal <u>street</u> address 100 EAST LINTON BLVD SUITE 411 B	P.O. BOX 7420		
	DELRAY BEACH, FL 33483	BOYNTON BEA	CH_FL 33474-2002	
ARTICLE III	PURPOSE			
	which the corporation is organized is:		<i>></i> .	
TO TRANS	SACT ANY ÂND ALL LAWFULL BU	JSINESS	TALLAHASSEE, FLORESTA	
			## 6 M	
			Ser of	
ARTICLE IV	SHADES		Fig. 75	
	hares of stock is: 100		25	
4 D ST C 1 ST	THE AT ARRICANS AND OR BIRE	OMOR C	92	
	INITIAL OFFICERS AND/OR DIRECT		E CONTRACTOR OF THE CONTRACTOR	
Address:	100 EAST LINTON BLVD SUITE	411 B Address:		
	DELRAY BEACH, FL 33483			
	<u> </u>			
Name and	Title:	Name and Title:	_	
Address:		Address:		
Name and	Title:	Name and Title:		
Address:		Address:		
ARTICLE VI	REGISTERED AGENT			
The <u>name and I</u>	Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:		
Name:	PAULA A. LONDONO	 -		
Address:	100 EAST LINTON BLVD SUIT DELRAY BEACH, EL 33483			
	DELKAT BEAUT, EL 33403	# 14 H		
ARTICLE VII				
	address of the Incorporator is:			
Name:	PAULA A. LONDONO			
Address:	100 EAST LINTON BLVD SUITE	411-B		
	DELRAY BEACH, FL 33483			
Having been na	amed as registered agent to accept service of p	process for the above stated corpo	ration at the place designated in	
his certificate, l	I am familiar with and accept the appointment	as registered agent and agree to a	ct in this capacity	
	M		02/22/2012	
	Required Signature/Registered Ager		02/23/2012 Date	
	Required Signature Registered Ager	ııı	Date	
I submit this do	ocument and affirm that the facts stated here	in are true. I am aware that the	false information submitted in a	
document to the	Pepartment of State constitutes a third degree	e felony as provided for in s.817.15	75, F.S.	
	mh			
			02/23/2012	
	Remuired Signature/Incorporator		Date	