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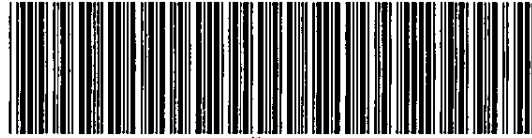
(Business Entity Name)

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STATE OF  
FLORIDA  
TALLAHASSEE, FLORIDA

2012 JUN -8 PM 1:16

FILED

J. Shivers JUN 11 2012  
w12-1537



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2012

MARIE MONDESIR  
PO BOX 421207  
KISSIMMEE, FL 34742

2ND MAILING

SUBJECT: THE FAITH ENTERPRISE INC  
Ref. Number: W12000015837

We have received your document for THE FAITH ENTERPRISE INC 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 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 corrected 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) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 712A00009698

COVER LETTER

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

SUBJECT:

THE FAITH ENTERPRISE INC

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

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM:

MARIE M. MONDESIR

Name (Printed or typed)

4509 ST Georges Ct

Address

Kissimmee, FL 34746

City, State & Zip

407-722-2575

Daytime Telephone number

mumondesir@yahoo.com

E-mail address: (to be used for future annual report notification)

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: THE Faith Multi Services, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4509 ST GEORGES CT  
KISSIMMEE FL 34746

Mailing address, if different is:  
P.O. BOX 421207  
KISSIMMEE FL 34742

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO DO BUSINESS INT

**ARTICLE IV SHARES**

The number of shares of stock is: (100) one hundred

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARIE M. MONDESIA  
Address: 4509 ST GEORGES CT  
KISSIMMEE FL 34746

Name and Title: PRESIDENT  
Address: SAME ADDRESS

Name and Title: MARCEL M CHARLES  
Address: 1846 ABBEY RD  
WEST PALM BEACH FL 33415

Name and Title: Registered Agent  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: MARCEL M CHARLES  
Address: 1846 ABBEY RD  
WPB, FL 33415

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIE M MONDESIA  
Address: 4509 ST GEORGES CT  
KISSIMMEE FL 34746

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

MARCEL M CHARLES  
Required Signature/Registered Agent

06-06-12  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]  
Required Signature/Incorporator

06-06-12  
Date

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