## P120000 75548

(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:				
AUTHORIZATION BY PHONETO  CORRECT Doc is for Profit  DATE 9/5/12				
SUITE IT FRANCISCO				
AUTHORIZATION BY PHONE TO				
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## **COVER LETTER**

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

SUBJECT: Steadfast Ministries, 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 & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED			
	ADDITIONAL CO	OF T REQUIRED			
FROM: Juliett Tracey  Name (Printed or typed)					
3748 Miramontes Circle  Address					
Wellington, Florida 33414 City, State & Zip					
561-444-7091  Daytime Telephone number					
ladysteadfast@hotmail.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 Steadfast Ministries Inc	•	FILED
	Corporation shall be:	••	12 SEP -4 PH 12: 40
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different ISBY OF STATE TALL AHASSEE, FLORE A
	3748 Miramontes Circle		IALLAHASSEE, FLORE A
	Wellington, Florida 33414		÷
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
i o provide i	Ministerial services.		
	ares of stock is:100		
	INITIAL OFFICERS AND/OR DIRECTOR		mu Mi T No D II i
Name and Address:	Title: Juliett Tracey, President 3748 Miramontes Circle	_ Name and	3748 Miramontes Circle
Address.	Wellington, Florida 33414		Wellington, Florida 33414
	weinigun, riona 33414	<del>-</del>	weinigion, Liona Joens
Name and	Title:	Name and	Title:
Address:			
		_	
	Title:		Title:
Address:			
		-	
ARTICLE VI			
The <u>name and Fl</u> Name:	orida street address (P.O. Box NOT acceptable) of		l agent is:
Address:	Juliett Tracey 3748 Miramontes Circle		-
riddic35.	Wellington, Florida 33414	<del>-</del> -	
ARTICLE VII	INCORPORATOR		
he <u>name and ad</u>	dress of the Incorporator is:		
Name:	Juliett Tracey	_	
Address:	3748 Miramontes Circle Wellington, Florida 33414	<del>-</del> -	
	ned as registered agent to accept service of process on familiar with and accept the appointment as reg	istered agent a	
	Required Signature Registered Agent		8/28/12
	Required Signature Registered Agent		Date
	iment and affirm that the facts stated herein are		
ocument to the D	epartifient of State constitutes a third degree felony	v as proviaea j	for in 5.017.133, r.s.
	(hulisthacus)		0/28/p
	Sequired Signature/Indornorator		• Alate