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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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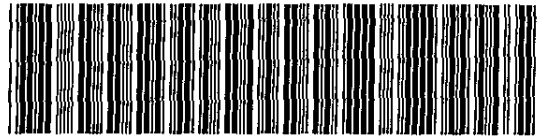
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 MAY -8 AM 9:52

F. CHESLER MAY 16

TRANSMITTAL LETTER

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

SUBJECT: GOOD HEAVEN HEALTH INCORPORATED
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: MARIE LOURDES ST. FORT
Name (Printed or typed)

1479 N.E. 180 STREET
Address

North Miami Bch, FL. 33162
City, State & Zip

(305) 944-3045
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

GOOD HEAVEN HEALTH INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1479 N.E. 180 Street
North Miami Bch, FL. 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Taking care of homeless and needy young pregnant females from pregnancy until two year after birth. Also to educate them about the importance of breast feeding, family planning and sexually transmitted diseases.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The Directors are elected by the board members of the the corporation who are members of the community.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

Marie Lourdes St. Fort -MSW - President - 1479 N.E. 180th St. NMB. FL. 33162
Edeline Dureney - Treasurer - 511 Yves dairy rd. #F-306 Miami, FL. 33179
Ernst Grandoit - Asst. Treasurer - 1479 N.E. 180th St. N.M.B. FL. 33162
Magarette Pernier 11-Vice President - 2903 Waterview circle Palmspring 33461
Dr. Frantz Delva MD. MPH-Vice President - P.O. Box 654 Pompano. FL. 33061

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:


Charles Inije
16499 N.E. 19th Avenue #213A
North Miami Beach, FL. 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marie Lourdes St. Fort
1479 N.E. 180th Street
North Miami Bch. FL. 33162


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

05/06/2003

Date



Signature/Incorporator

05/06/2003

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 MAY -8 AM 9:53