

**N0300000 6085**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

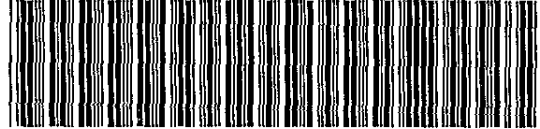
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

✓  
D. WHITE JUL 16 2003

Office Use Only



400021420204

07/15/03--01006--006 \*\*78.75

FILED  
03 JUL 14 PM 6:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** MENDED HEARTS, INC.  
(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:** SABRINA LEWIS  
Name (Printed or typed)

P.O. BOX 27075  
Address

TAMPA, FL 33623-7075  
City, State & Zip

813-361-3943  
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:

MENDED HEARTS, INC.

## ARTICLE II PRINCIPAL OFFICE

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

3310 W. CHESTNUT ST.  
TAMPA, FL 33607

MAILING ADDRESS: P.O. BOX 27075  
TAMPA, FL 33623-7075

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OUR MISSION IS TO OFFER SUPPORT TO FAMILIES AFFECTED BY CONGENITAL HEART DEFECTS BY RAISING PUBLIC AWARENESS, AND THROUGH FUNDRAISING ACTIVITIES AND GRANTS, RAISE FUNDS FOR CHD RESEARCH.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

NOMINATION

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

SABRINA E. LEWIS 3310 W. CHESTNUT ST. TAMPA, FL 33607- PRESIDENT  
PENNY S. LEWIS P.O. BOX 670 #1 EST. COTTON GROVE ST. CROIX, USVI 00821 - VICE PRESIDENT  
JOHN F. LEWIS P.O. BOX 670 #1 EST. COTTON GROVE ST. CROIX, USVI 00821- TREASURER  
VICTOR DOMINGUEZ 3310 W. CHESTNUT ST. TAMPA, FL 33607- SECRETARY

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SABRINA E. LEWIS 3310 W. CHESTNUT ST. TAMPA, FL 33607

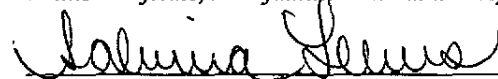
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

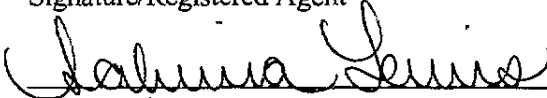
SABRINA E. LEWIS 3310 W. CHESTNUT ST. TAMPA, FL 33607

\*\*\*\*\*

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

7/7/03  
Date

  
Signature/Incorporator

7/7/03  
Date

FILED

03 JUL 14 PM 6:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA