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## **COVER LETTER**

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

SUBJECT:	UNITED HEARTS CHARITY 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 & Filing Fee Certificate of Status

\$87.50 \$78.75 Filing Fee & Certified Copy

Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:	MILENA C. NEAL		
	Name (Printed or typed)		
	104 Bit Ct		
•	Address		
	KISSIMMI FL		
•	City, State & Zip		
	407-947-2088		
•	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:	-11 -111 0 0
UNITED HEARTS CHARA	TY INGS S
ARTICLE II PRINCIPAL OFFICE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The principal place of business and mailing address of this corporation shall be:	5 2 1
104 Bit Ct.	
HISSIMMEE FL 3414	3
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	5
THE COLLECTION OF ADULTA	NO CHILDREN'S
CLOTHING AND OTHER MADE	
CLOTHING, AND OTHER GOODS, FOR.	DISTRIBUTION, FREE
OF CITARGE, TO INDICIENT PERSON	ONS IN BRAZIL,
ARTICLE IV MANNER OF ELECTION  The manner in which the directors are elected or appointed:	
BY VOTE AT ANNUAL MEETIN	) A
Ditte to the the the	' ()±
•	
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS	_
List name(s), address(es) and specific title(s):  MICHAEL C. BRANCO, 9484 BOGGY CREEK	RD. ORLANDO FL 32824
PUESIDENT	
MILENAC. NEAL 104 Bit Ct. HISSIMMI	EE T-LORIDA 34/43
VICE PRECINENT	
HELMA CAIS, 22 SOUTH KIRKMAN RD. OR	LANDO FL 32811
DIRECTOR	
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADD	
The name and Florida street address (P.O. Box NOT acceptable) of the regis	tered agent is:
MIKENA C. NEAL 104 BCE Ct.	
KISSIMMEE FL 34143	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
MILENY C. NEAL 104 BUT Ct.	
NISSIMMEE FL 34743	
WISSIMMER PL STITE	
**************************************	*****
Having been named as registered agent to accept service of process for the above stated of in this certificate, I am famillar with and accept the appointment as registered agent and	corporation at the place designated
In this certificate, I am familiar with and accept the appointment as registered agent and	agree to act in inis cupacity.
Willia Med	08-24-07
Signature/Registered Agent	Date
VI COLONIA TO STATE OF THE STAT	<del></del>
Munched	08.24.07
Signature/Incorporator MILENA C. NEIAL	Date
Signature/Incorporator MILENA C. NEIGL	Date '
V	•