

N08000009990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

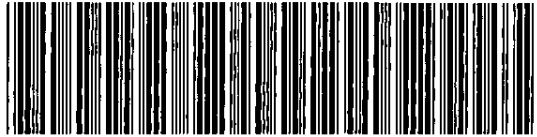
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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2008 OCT 28 A 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 29 2008  
D.A. WHITE

## COVER LETTER

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

SUBJECT: Mend Mind Heart 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: Dorothy Graham  
(Name (Printed or typed))

PO Box 593138  
Address

Orlando, FL 32859-3138  
City, State & Zip

407. 826. 4005  
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:

**MEND MIND HEART INC.**

**FILED**

**ARTICLE II PRINCIPAL OFFICE**

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

**P.O. Box 593138  
Orlando, FL. 32859-3138**

2009 OCT 28 A 11:50  
5814 MARLAKE Dr.  
ORLANDO, FL 32839  
SECRETARY OF STATE  
CLERK'S OFFICE

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**For ex offenders: The purpose is to provide transitional supportive recovery housing, and house amenities conducive for personalized care. Example, laundry access, Cablevision, Telephone Service and computer access. Regular attendance to community based services encouraged to support sobriety for drug addicts and Alcoholics.**

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

**Directors/ will be appointed by the President:  
/officers**

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

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

**Dorothy Graham, President  
PO Box 593138  
Orlando, FL. 32859-3138**

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

**Dorothy Graham  
5814 MarLake Drive  
Orlando, FL. 32839**

**ARTICLE VII INCORPORATOR**

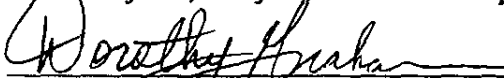
The name and address of the Incorporator is:

**Dorothy Graham  
PO Box 593138  
Orlando, FL. 32859-3138**

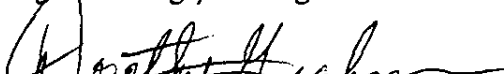
**ARTICLE VIII Effective  
Date**

**January 1, 2009**

\*\*\*\*\*  
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

10/25/08  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10/25/08  
\_\_\_\_\_  
Date