

N09 0000 11 031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

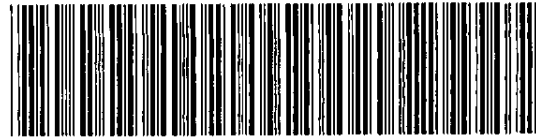
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11/17/09--01004--002 \*\*70.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2009 NOV 17 AM 8:55  
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09 NOV 17 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
NOT FILED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

11-17-09 D

## COVER LETTER

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

SUBJECT: Care-N-Hearts Resource Center, 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: DeAnn Strachan  
Name (Printed or typed)

P.O. Box 7524  
Address

Tallahassee, FL. 32314  
City, State & Zip

(850) 212-5032  
Daytime Telephone number

care-n-hearts@gmail.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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Care-N-Hearts Resource Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

P.O. Box 7524 155-C Belmont Avenue  
Tallahassee, Florida 32314

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide a variety of resources that will improve the quality of life for the homeless, low income families, domestic violence victims, the elderly, and the disabled as they move towards the goal of self-sufficiency.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

To be elected by the Board of Directors per corporate by-laws.

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

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

Executive Director/President - DeAnn Strachan  
P.O. Box 7524  
Tallahassee, FL. 32314

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

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

DeAnn Strachan  
155-C Belmont Avenue  
Tallahassee, FL. 32301

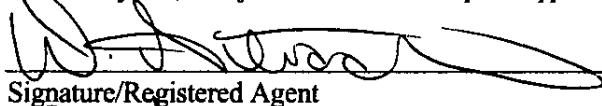
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

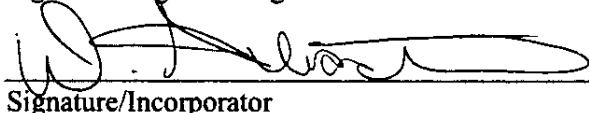
DeAnn Strachan  
P.O. Box 7524  
Tallahassee, FL. 32314

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*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

10/23/09  
Date

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

10/23/09  
Date

FILED  
09 NOV 17 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA