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DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

12 MAR -2 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

κ 03/01/12

COVER LETTER

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

(PROPOSED CORPORATE NAME –

I Heard Your Cry Foundation Inc.

MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the Articles of
Incorporation and a check for:

\$70.00 \$78.75 \$78.75 ***\$87.50

Filing Fee Filing Fee & Filing Fee Filing Fee,
Certificate of & Certified Copy Certified Copy
Status & Certificate

**ADDITIONAL COPY REQUIRED
FROM:**

Name I Heard Your Cry Foundation Inc.,

Address

1836 Ashley Hall Way

City, State & Zip

Tallahassee, Florida 32308

Daytime Telephone number

(850) 422-050

E-mail address: (to be used for future annual report notification)

I heardyourcryfoundation@gmail.com

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:
I Heard Your Cry Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address mailing address, if different is:

1836 Ashley Hall Way

Tallahassee, Florida 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To raise awareness to the issue of Sexual Violence's, Incest and Domestic Violence's through speaking engagement, seminars, billboards, music, gala, golf tournaments, concerts and conferences and fundraising events. Resolution signing events, outreach program called D.O.V.E.

(Descending Omnipresence's of Voice through Evangelism

By divine order of The Holy Spirit Outreach Community and church

S.T.A.N.D. (SPIRITUAL Thinking Allow Natural Development).

To promote a Resolution called

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The L.E Heart of Gold Award is a scholarship that will also allow the foundation to assist victims when funding and is available and outreach to our community and churches around the nation and lobby the governmental entities for change

ARTICLE IV MANNER OF ELECTION the manner in which the directors are elected and appointed: By vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Name and Title: P. Sandra Collins

Address: Address: 1836 Ashley Hall Way
Tallahassee, Florida 32308

Name and Title: Name and Title: VP Larry Elliott

Address: Address: 1836 Ashley Hall Way
Tallahassee, Florida 32308

Name and Title: Name and Title: S. Ella Mae Daniels

Address: Address: 1836 Ashley Hall Way
Tallahassee, Florida 32308

ARTICLE VI REGISTERED AGENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name: Sandra Collins

Address: 1836 Ashley Hall Way

Tallahassee, Florida 32308

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Larry Elliott

Address: 1836 Ashley Hall Way

Tallahassee, Florida 32308

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

Required Signature of Registered Agent Date

Sandra Collins

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Larry Elliott

Required Signature of Incorporator Date

FEI # is 27-1379790