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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	· · · · · · · · · · · · · · · · · · ·
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Office Use Only



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DEFACTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. Shivers MAR 0 8 2012



COVER LETTER

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

SUBJECT: Victoria's Heart, Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) COMERLETER Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for: \$78.75 \$87.50 \$70.00 \$78.75 Filing Fee, Filing Fee Filing Fee & Filing Fee Certificate of & Certified Copy Certified Copy & Certificate Status ADDITIONAL COPY REQUIRED a coatis ribari, ins Man relationation with the english FROM: Victoria Adams Name (Printed or typed) 3295 Mission Rd, #8 Address Tallahassee, FL 32303 City, State & Zip 850-491-4940 Daytime Telephone number victoriaadams34@yahoo.com

v.

NOTE: Please provide the original and one copy of the articles.

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

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

The name of the	Corporation shall be: Victoria's Heart, INC	
ARTICLE II	PRINCIPAL OFFICE Principal street address 3295 Mission Road	Mailing address, if different is:
	# 8	
	Tallahassee FI 32303	
ARTICLE III	PURPOSE	
The purpose for	which the corporation is organized is:	
		are of their love one who are challenged with first es of healthcare, educational and religious services.
ARTICLE IV	MANNER OF ELECTION The manner	in which the directors are elected and appointed:
Directors are		m. Directors shall serve one year term.
ARTICLE V		
Name and ' Address:	Title: Victoria Adams, Director (1) 3295 Mission Road	Name and Title:
Address:	#8	Address:
	Tallahassee, Florida 32303	
Name and	Title Destiny Washington	Name and Title
Address:	2146 Saye Drive Jacksonville, FL 32225	Name and Title: Address:
Name and Address:	Title: Jimmy Adams 3295 / Massion Rd. TAllahassee, Florida 2220	Name and Title: Address:
	•	
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Victoria Adams	Pos
Address:	3295 Mission Road	
	#8 Tallahassee, FL 32303	
ARTICLE VII	INCORPORATOR	SS CO
	ddress of the Incorporator is:	
Name:	Victoria Adams	- S 0
Address:	3295 Mission Road	
	#8 Tallahassee, FL 32303	
		ocess for the above stated corporation at the place designated in the stated agent and agree to act in this capacity 3/7/20/2
<i>-</i>	Required Signature of Registered Agen	Date
	ument and affirm that the facts stated herein are at of State constitutes a third degree felony as pro	etrue. Lam aware that any false information submitted in a docume vided for in s.817.155, F.S. $\frac{3}{7}$
- (1 W/	Required Signature of Incorporate	or Date
	Required Signature of incorporate	J. / Date

Non-Profit Articles of Incorporated

Addendum

ATRICLE VII DISSOLUTION OF ORGANIZATION

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in with the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

