

N130000001875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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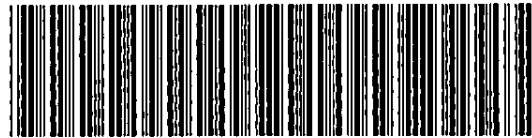
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

## COVER LETTER

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

SUBJECT: Healing Hearts of Florida, 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: Elvira Galicia Akinyemi  
Name (Printed or typed)

3286 Lilburn Court  
Address

Tallahassee, FL 32312  
City, State & Zip

850-322-1949  
Daytime Telephone number

elviraakinyemi@comcast.net  
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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: Healing Hearts of America, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
3286 Lilburn Court

Mailing address, if different is: SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
Same as street address.

Tallahassee, FL 32312

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: America  
Healing Hearts of Florida, Inc. shall provide the following  
charitable contributions: 1) Provide support to parents of children with Congenital Heart Defects (CHD)  
who's children are currently receiving care at a Hospital located in the State of Florida. These items  
may include but are not limited to: care packages, gas and/or food gift cards.; 2) Scholarship(s)  
shall be awarded to medical student(s) who's area of concentration is CHD or other heart related  
diseases in children. 3) Provide bereavement assistance to parents who have lost a child due to  
a Congenital Heart Defect. Details shall be determined by Board of Directors and outlined in the By-Laws.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Directors shall  
be appointed by President and Vice President.

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

Name and Title: D/P Elvira Galicia Akinyemi

Address: 3286 Lilburn Court  
Tallahassee, FL 32312

Name and Title: D/VP Akin S. Akinyemi

Address: 3286 Lilburn Court  
Tallahassee, FL 32312

Name and Title: D/T Olajide Egberongbe

Address: 1731 Indian Town  
Tallahassee, FL 32312

Name and Title: D/S Deborah Urioste

Address: 11777 Zenobia Loop  
Westminister, CO 80031

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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13 FEB 27 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Elvira Galicia Akinyemi

Address: 3286 Lilburn Court

Tallahassee, FL 32312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Akin S. Akinyemi

Address: 3286 Lilburn Court

Tallahassee, FL 32312

*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*

Elvira Galicia Akinyemi  
Required Signature of Registered Agent

February 24, 2013

Date

*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.*

Akin S. Akinyemi  
Required Signature of Incorporator

February 24, 2013

Date

Article VIII - Effective Date

February 24, 2013