

N140000000813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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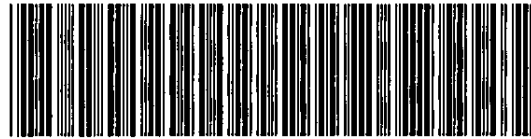
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: For THE LOVE AND Heart OF THE Children, 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: Kaytronia L. Brown
Name (Printed or typed)

2406 E. State Road 60, #662
Address

Valrico, FL 33595
City, State & Zip

(813) 418-9215
Daytime Telephone number

Kaytroniabrown@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: FOR THE LOVE AND HEART OF THE CHILDREN, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2406 E. State Road 60, #662
Valrico, FL 33595

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To assist with the educational and basic needs of life for children, which will pave the way for them to have a brighter future.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Nominated and approved by the President of said Organization.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kaytronia L. Brown
Address: (President/Vice President)

Name and Title: Wyatt Welch
Address: (Director)

Name and Title: Barbara Welch
Address: (TREASURER/Secretary)

Name and Title: Sonja McCaughey
Address: (Director)

Name and Title: Jocleda Moore-Garcia
Address: (Director)

Name and Title: _____
Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Kaytronia L. Brown
Address: 2406 E. State Rd. 60, #662
Valrico, FL 33595

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kaytronia L. Brown
Address: 2406 E. State Rd 60, #662
Valrico, FL 33595

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

Kaytronia L. Brown
Required Signature of Registered Agent

01/11/14
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.

Kaytronia L. Brown
Required Signature of Incorporator

01/11/14
Date

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ALLIANCE SEE FLORIDA