

COVER LETTER

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

SUBJECT: A Hero's Heart, Incorporated

(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: Michele Barrett
Name (Printed or typed)

4312 W Roland Street
Address

Tampa, FL 33609
City, State & Zip

727-461-4054
Daytime Telephone number

herosheart2014@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: A Hero's Heart, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4312 W Roland Street

Tampa, FL 33609

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable purposes
under section 501c3 of the Internal Revenue Code, or corresponding
section of any future tax code. Upon dissolution of this organization,
assets will be distributed for one or more exempt purposes within
the meaning of section 501c3.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: at a meeting
or by mail ballot.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas Skelly, CEO

Address: 4312 W Roland Street

Tampa, FL 33609

Name and Title: Michele Barrett, Treasurer

Address: 4312 W Roland Street

Tampa, FL 33609

Name and Title: John C Dew, II, Director

Address: 4312 W Roland Street

Tampa, FL 33609

FILED
14 OCT 20 AM 7:22
SECRETARY OF STATE
TAMPA, FLORIDA



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: Michele Barrett
Address: 4312 W Roland Street
Tampa, FL 33609

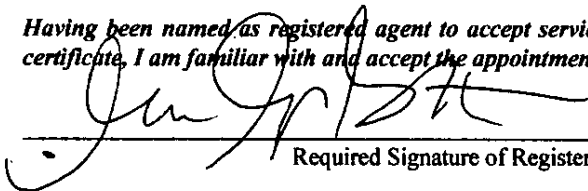
14 OCT 20 AM 7:22
STATE
TAMPA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

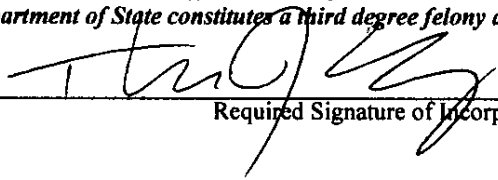
Name: Thomas Skelly
Address: 4312 W Roland Street
Tampa, FL 33609

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

10/12/14
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.


Required Signature of Incorporator

10/12/14
Date