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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN 21 PM 2:27
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RECEIVED BY STATE
TALLAHASSEE, FLORIDA

MD 1/22

COVER LETTER

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

SUBJECT: Ethel's Heart, 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: Shaunette Stokes, Esq.
Name (Printed or typed)

5508 N. 50th Street Suite 6D
Address

Tampa, FL 33610
City, State & Zip

(813) 444-4156
Daytime Telephone number

Shaunette@StokesLegalCounsel.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 Ethel's Heart, Inc
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2106 E. Frierson Avenue

Mailing address, if different is: _____

Tampa, FL 33610

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CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA

ARTICLE III PURPOSE Please see attached.
The purpose for which the corporation is organized is: _____

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____
As provided for in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Katina Bryant (President)	Name and Title:	Tarance LeNoir (VP)
Address	2106 E. Frierson Avenue	Address:	4891 Puritan Circle
	Tampa, FL 33610		Tampa, FL 33617

Name and Title:	Tiarra Anderson (Treasurer)	Name and Title:	Anthony Turner (Secretary)
Address	4014 Cinder Bend Drive	Address:	19007 Chemille Drive
	Tampa, FL 33610		Lutz, Florida 33558

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

DEPARTMENT OF STATE
ALLAH SPAIN, FLORIDA

15 JAN 21 PM 2:27

ARTICLE VI REGISTERED AGENT

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

Stokes Law Group, PLLC

Name: _____

5508 N. 50th Street Suite 6D

Address: _____

Tampa, FL 33610

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Katina Bryant

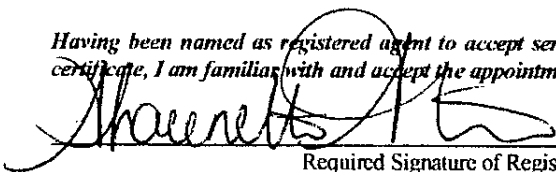
Name: _____

2106 E. Frierson Avenue

Address: _____

Tampa, FL 33610

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.

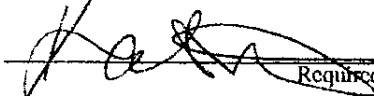


Required Signature of Registered Agent

1-5-15

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

1-5-15

Date

15 JUN 21 PM 2:00

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