N150000004883

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Bootinone Manual)				
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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:	Horses Helping Hearts Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	
	(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

1030 Morningside Dr. Address Dr. Englewood FL 34223
City, State & Zip 941 - 809 - 1, 389

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 15, 2015

KATHY GENETH 1030 MORNINGSIDE DR. ENGLEWOOD, FL 34223

SUBJECT: HORSES HELPING HEARTS, INC.

Ref. Number: W15000026279

We have received your document for HORSES HELPING HEARTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 015A00007540

ARTICLES OF INCORPORATION

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



	4	R	T	IC	L	E	1	NAME
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110 HAYWOOD HILLS

ASHLAND CITY, TN 37015

Address

HODGES HELDING HEADTS INC

The name of	the corporation shall be:	d HEARTS, INC.		, ,
ARTICLE II	, ,		15	MAY 14 PM 2:36
103	Principal <u>street</u> address: 0 MORINGSIDE DRIVE		Mailing address, if diffs	CHETARY OF STATE LAHASSEE, FLORIDA
EN	GLEWOOD, FL 34333			
	,			
	I PURPOSE for which the corporation is organized is:	O MAKE IT POSS	IBLE FOR OUR ORGANIZAT	ION'S MINIATURE
THERAPY :	HORSES TO PROVIDE THERAPEUTIC	VISITS TO THOSE	IN NEED. OUR GOAL IS TO	VISIT NURSING
HOMES, A	T-RISK KIDS AT SCHOOLS, HOSPICE, F	AMILIES THAT H	IAVE EXPERIENCED TRAUN	MA, VA HOSPITALS O
ANY PLAC	E TO PROMOTE MENTAL & PHYSICAL	HEALING THRO	UGH INTERACTION WITH N	MINIATURE HORSES.
	EED HOPE!			· · · · · · · · · · · · · · · · · · ·
RTICLE V	MANNER OF ELECTION The manual of the Selection will be Selection will be Selected on the selection with the Selected of the se	<u>TORS</u>	KIM DURHAM, P/T	Ty by the C
	2245 N BEACH ROAD		1099 BAY HARBOR DRIVE	
ddress.	BLDG 2 UNIT 401	Address:	ENGLEWOOD, FL 34224	
	ENGLEWOOD, FL 34223	_		
lame and Ti	LESLIE EDWARDS, VP	Name and Title:	LAVONNE GENTH, S	
ddress	1235 HIGHLAND AVE	Address:	2245 N BEACH ROAD	
-	ENGLEWOOD, FL 34223		BLDG 2 UNIT 401	
			ENGLEWOOD, FL 34223	
Name and Ti	le: LOUISE MANDRELL, DIRECTOR	— Name and Title:	:	

_____ Address:

v (,		APPHOVEL
Name and Title:	Name and Title:	
Address	Address:	15 MAY 14 PM 2: 36
		SECRETARY OF STATE TALLAHASSEE SLORIDA
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 agen	t is:
Name: Kathy Gens		
Address: 2245 N. Bel	ach Rol	
Bldg 2 Un Englewood	it 401	
ARTICLE VII INCORPORATOR	FL 34223	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
Name: Kathy Ger	nth	
Address: 22.45 N. E	Beach Rd.	
Bldg. 2 L Englewood,	Unit 401	
Englewood,	FL 34223	and a compared to a discrete design and in disc
Having been named as registered agent to acc certificate, I am familiar with and accept the ap	ept service of process for the above sta pointment as registered agent and agree	to act in this capacity
_		4/10/15
Required Signature (o	Registered Agent	Pate
I submit this document and affirm that the facts to the Department of State constitutes a third de		
W mth	1.6 entl	4/6/15
Required Signat	ye of Incorporator	Date