

N16000006266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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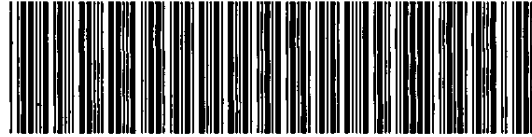
(Business Entity Name)

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TALLAHASSEE FLORIDA

me 6/22/16

COVER LETTER

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

SUBJECT: HEALING A BROKEN HEART FOUNDATION, 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: GEORGIANA LEATH

Name (Printed or typed)

2320 NW 15TH COURT

Address

FORT LAUDERDALE, FL 33311

City, State & Zip

(954) 826- 7734

Daytime Telephone number

georgianaleath17@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: HEALING A BROKEN HEART FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2320 NW 15TH COURT

FORT LAUDERDALE, FL 33311

(954) 826- 7734

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HEALING A BROKEN HEART FOUNDATION, INC. IS COMMITTED TO PROVIDING ASSISTANCE TO INDIVIDUALS WHO ARE HOMELESS, DISPLACED, AND IN NEED OF BASIC NEEDS THROUGH OUR COMMUNITY OUTREACH PROGRAMS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: MAJORITY VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GEORGIANA LEATH /PRESIDENT

Address 2320 NW 15TH COURT
FORT LAUDERDALE, FL 33311

Name and Title: SOPHIA WILLIAMS / VP

Address: 1780 LAUDERDALE MANOR DR
FORT LAUDERDALE, FL 33311

Name and Title: RONEISHA DANIELS /S-T

Address 1000 ARIZONA AVENUE
FORT LAUDERDALE, FL 33312

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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: GEORGIANA LEATH
Address: 2320 NW 15TH COURT
FORT LAUDERDALE, FL 33311

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: GEORGIANA LEATH
Address: 2320 NW 15TH COURT
FORT LAUDERDALE, FL 33311

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6-10/16
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

6/10/16
Date

Article __VIII__.

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article _IX_____.

Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of the section 501 (c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

In witness whereof, we have hereunto subscribed our names this __15____ day of _____MAY _____, __2016.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA