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(Address)

(City/State/Zip/Phone #)

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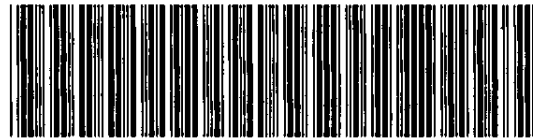
(Business Entity Name)

(Document Number)

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17 JAN 24 AM 8:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

411 1/25/17

COVER LETTER

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

SUBJECT: 4Giving Hearts, 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: Hollie Chambers

Name (Printed or typed)

1741 NW 73rd Avenue

Address

Plantation, FL 33313

City, State & Zip

609-381-0119

Daytime Telephone number

givinghearts4@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: 4Giving Hearts, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1741 NW 73rd Avenue
Plantation, FL 33313

Mailing address, if different is: 17 JAN 24 AM 03:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Therapeutic group home for at-risk youth in the Broward County area, serving teenagers in foster care succeed in aging out of the foster care system with a vocational skills and moral boundaries.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Solicited and Vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Dhaima Chin, Co-Director</u>	Name and Title:	<u>Felicia Daniels, Co-Director</u>
Address	<u>1843 NW 191st Street</u> <u>Miami Gardens, FL 33056</u>	Address:	<u>8270 SW 8th Street</u> <u>North Lauderdale, FL 33068</u>
Name and Title:	<u>Hollie Chambers, Co-Director</u>	Name and Title:	
Address	<u>1741 NW 73rd Avenue</u> <u>Plantation, FL 33313</u>	Address:	
Name and Title:		Name and Title:	
Address		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: Hollie Chambers
Address: 1741 NW 73rd Avenue
Plantation, FL 33313

FILED
17 JAN 24 AM 10:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Hollie Chambers
Address: 1741 NW 73rd Avenue
Plantation, FL 33313

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 days prior or 90 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

Hollie Chambers
Required Signature of Registered Agent

1/18/2017
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.

Hollie Chambers
Required Signature of Incorporator

1/18/2017
Date