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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	. <u>.</u>	

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K. Brumbley

COVER LETTER

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

SUBJECT:	(0)/20//00/20 /2/20/0	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
	(TROTONED CONT	ORATE NAME - MOST IN	CEGINESCITIA)		
_	and one (1) copy of the Ar	ticles of Incorporation and	a check for :		
S70.00 Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		

YORK HEALING HEARTS MIAMI, INC.

FROM:

Name (Printed or typed)

2482 W. 4th Court

Address

Hialeah, Florida 33010

City, State & Zip

(305) 798-9702

Daytime Telephone number

michaelyork@dadeschools.net

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 Y	ORK HEALING	HEARTS MIAMI, INC.			
	corporation shall be:				2	1
ARTICLE II	PRINCIPAL OFFICE			$\mathcal{P}_{\mathcal{L}}$.	₩.	ii
	Principal street address:		Mailing address, if differ	ent is:	ੜ	·C_
	2482 W. 4th Court		- <u></u>	= 7:1	(J)	
	Hialeah, Florida 33010			***		
ARTICLE III	PURPOSE Yor	k Healing Hearts	: Miami, Inc., is organized exclu	isively for o	ne or m	l ore
	which the corporation is organized is:ecified in Section 501 (c)(3) of the Internal I					!
				· -		!
organizations t	hat qualify as exempt organizations under S	ection 501 (c)(3)	of the Internal Revenue Code,	or correspon	iding se	ctions L
of any future fe	ederal tax code. York Healing Hearts Miami	, Inc., will provid	de housing and care, as a Group	Home for c	hildren	and
youth, from bir	th to age seven (7), with developmental disa	abilities and spec	ial needs.	-		1
		<u> </u>	•	<u> </u>		
	. ==					1
	•					<u> </u>
ARTICLE IV	MANNER OF ELECTION The manner	r in which the dire	ectors are elected and appointed:	Volunteere	d to ser	ve.
				i		
				- 	1	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	<u>ORS</u>		i		
Name and Title	William M. York, President & Treasurer	Name and Title	Inger D. York, Director			
Address	2482 W. 4th Court	Address:	2482 W. 4th Court			
Addiess	Hialeah, Florida 33010	_ Address.	Hialeah, Florida 33010			
		-	-			
Name and Title	Tia I. York, Vice President	- Name and Title	N	1		
Address	2482 W. 4th Court	_ Address:	··	1		
Hialeah, Florida 33010	Hialeah, Florida 33010	_ Address.				
		-		ī		
Name and Title	Taj M. York, Secretary	- Name and Title	e:	i		
Address	2482 W. 4th Court			1		
	Hialeah, Florida 33010					
		-				
		•				

Name and Title:	<u> </u>	Name and Title:	I.	
Address		Address:	! <u>-</u>	
			<u>.</u>	_
			1	
Name and Title:		Name and Title:	- : -	
Address		Address:		
				
	<u>EGISTERED AGENT</u> <u>ida street address</u> (P.O. Box NO T accep	otable) of the registered agent is:	l	
Name:	William M. York, President & Tr			
Address:	2482 W. 4th Court			
	Hialeah, Florida 33010			
				
	NCORPORATOR ress of the Incorporator is:			ļ
Name:	William M. York, President & Tr	easurer	ı	
Address:	2482 W. 4th Court		ı	
1.00.000	Hialeah, Florida 33010			
	her than the date of filing: Same as e is listed, the date must be specific an	date of filing . (OPTIONAL) d cannot be more than five days prior or 90 de	ays after	the filing.)
	serted in this block does not meet the ap re date on the Department of State's reco	plicable statutory filing requirements, this date words.	ill not be	: listed as the
		of process for the above stated corporation at the strength of the state of the sta		designated in this
	nent and affirm that the facts stated here. If State constitutes a third degree felony to	in are true. I am aware that any false informatio as provided for in s.817.155, F.S.	n submit	ited in a document
Mille	Required Signature of Incorp	porator (D)	231 Date	. 1 5

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