

N17000011808

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(Business Entity Name)

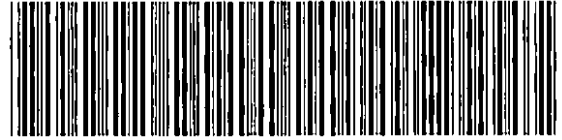
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 20, 2017

DEMETRIUS L. BONEY SR.
4701 WYRESDALE STREET
ORLANDO, FL 32808

SUBJECT: COMMUNITY HEART PAYEE SERVICES
Ref. Number: W17000083955

We have received your document for COMMUNITY HEART PAYEE SERVICES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return 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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 317A00021242

COVER LETTER

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

SUBJECT: Community Heart Payee Services 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: Demetrius L. Boney Sr.
Name (Printed or typed)

4701 Wyresdale Street
Address

Orlando FL 32808
City, State & Zip

407-748-9395
Daytime Telephone number

phocus55@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: Community Heart Payee Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4701 Wyresdale St.
Orlando, FL 32808

Mailing address, if different is:

4701 Wyersdale St.
Orlando, FL 32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to obtain 501 C3 tax status that would allow Community Heart Payee Services to provide financial management of Social Security benefits for individuals identified by the Social Security Administration.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: will be elected from a membership list with a description of the duties and responsibilities of each member.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Demetrius L Boney Sr President
Address: 4701 Wyresdale St.
Orlando, FL
32808

Name and Title: Ebony N Hillman Vice President
Address: 1150 Medford Dr.
Orlando, FL
32808

Name and Title: Tracey Jackson Secretary
Address: 1912 Hinckley Rd
Orlando, FL
32818

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Demetrius L. Boney Sr.

Address: 4701 Wykesdale St
Orlando, FL 32808

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ebony N. Hillman

Address: 6150 Medford Dr.
Orlando, FL 32808

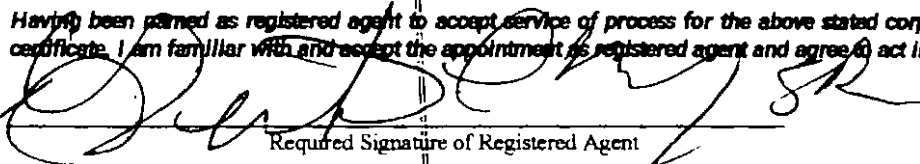
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature of Registered Agent

_____ 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

_____ Date