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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: HEARTS TOUCHING HEARTS 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: CHRISTIANNE PRATT-DEWOLFE

Name (Printed or typed)

2555 FAIRWAYS DRIVE

Address

HOMESTEAD, FLORIDA 33035

City, State & Zip

305)409-8250

Daytime Telephone number

chris@flimports.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: HEARTS TOUCHING HEARTS FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4540 NW 107TH AVENUE

#308

DORAL, FLORIDA 33178-1875

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to help families and children that live in extreme levels of poverty in our native country, Nicaragua. We have been doing this for many, many years as a family. We went there in October to take almost 400 lbs. of clothes and toys for a congregation of Franciscans Nuns. This congregation of Nuns currently have 3 locations in a city called Matagalpa, Nicaragua. We also help them providing financial support. They currently provide meals, academic education and very basic medical assistance to over 300 children. Our family realized that we are limited in the help we were providing to these Franciscans Nuns. We feel that by forming this corporation our help can increase significantly and that we'll be able to help more families that live in severe poverty. Also, we would like to help other organizations that assist the needy in that community.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: at the annual meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTIANNE PRATT-DEWOLFE

Address: PRESIDENT/CEO

2555 FAIRWAYS DRIVE

HOMESTEAD, FLORIDA 33035

Name and Title: AMANDA PRATT-PEREZ

Address: VICE-PRESIDENT

905 BELLE MEADE ISLAND DRIVE

MIAMI, FLORIDA 33138

Name and Title: THELMA PRATT-FERNANDEZ

Address: CHIEF OPERATING OFFICER(COO)

2005 LAKE POINT DRIVE

WESTON, FLORIDA 33326

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED

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: Christianne Pratt-DeWolfe
 Address: 2555 Fairways Drive
Homestead, Florida 33035

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Christianne Pratt-DeWolfe
 Address: 2555 Fairways Drive
Homestead, Florida 33035

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

12/6/2017

 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.

 Required Signature of Incorporator

12/6/2017

 Date